

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

OCT 1 - 1958

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV CODE 11380.1)

OCT 1 - 1958

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: September 30, 1958

By:

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

OCT 1 1958

At 11:15 o'clock a.m.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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A-013 APPLICATION AND INVESTIGATION PROCEDURE FOR APPLICANTS AWAITING
RELEASE FROM A STATE HOSPITAL

A-013

The procedure agreed upon between the SDMH and the SDSW shall be followed for an applicant about to be released from a state hospital. (See Handbook Sec. A-013.)

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These Regulations are designated to become effective November 1, 1958.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS, FORMS AND CONTROLS

A-024

A-024

REQUIRED FORMS

A-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

- Ag 200 Application for Old Age Security (See Sec. A-011.11)
- Ag 200-B Application by Authorized Representative of Applicant (See Sec. A-011.11)
- Ag 200-c Application for Old Age Security - Supplement for Noncitizens (See Sec. A-122)
- Ag 225 Statement of Responsible Relative Under Old Age Security Law (See Sec. A-153.3)
- Ag 278(a) Authorization for Retroactive Change in Participation Status (See Sec. A-014.30)
- Ag 280 Identification Card (See Sec. A-014.80)
- ABD 231 Certificate of Delivery of Payment of Aid (See Sec. A-141.50)
- ABD 235 Certification of State Department of Mental Hygiene of Applicant's Release from State Hospital (See Sec. A-013)
- ABD 236 A Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
- and/or
- ABD 236 B Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
- DPA 1 Request for Federal Old Age and Survivors Insurance Information (See Sec. A-213)
- ABCD 215 Notification of Transfer (See Sec. A-114)
- MC 239 A Notice to Recipient (See Sec. A-024.58)
- DPA 5 Summary of Letters of Guardianship or Conservatorship (See Secs. A-011.12 and A-011.13)
- DPA 6 State Department of Social Welfare Appeal as to Responsibility for Support (See Sec. A-117.7)
- DPA 8 Notice to Applicant Who Withdraws Application (See Sec. A-014.70)
- 10-611 Application for Search of Census Records (See Handbook Sec. A-102.T)

CALIFORNIA-SDSW-MANUAL-OAS

Rev. 538 replaces Rev. 464

Effective 11/1/58

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CONTINUATION SHEET
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Regulations

RESPONSIBLE RELATIVES

A-153.3

A-153.3 DEGREE OF LIABILITY

A-153.3

Form Ag 225, Statement of Responsible Relative, is used to obtain information essential to the determination of the relative's liability as required under W&IC 2224.

Pursuant to W&IC Sec. 2224, either the board of supervisors or its authorized representative may fix liability at the amount prescribed by the Relative's Contribution Scale. Pursuant to Sec. 2181 only the board of supervisors can fix liability at less than the scale amount.

On return of the completed Form Ag 225 county action is required as follows:

- a. If the county has reason to believe that the information reported by the relative on Form Ag 225 is not accurate, the county is responsible for further investigation into the financial circumstances of the relative before recommendation as to the amount of liability. The consent of the relative involved is to be obtained before any inquiry is made of the employer of the relative.
- b. If Form Ag 225 and any other information obtained as the result of investigation shows no liability for support, a determination of nonliability is made by the county welfare department.
- c. If the Form Ag 225 shows that the relative will contribute as much as or more than the liability prescribed by the Relatives' Contribution Scale, liability is set at the amount prescribed by the Relatives' Contribution Scale.
- d. If the Form Ag 225 shows that the relative will contribute less than his apparent liability or that he will make no contribution, the relative is to be notified of the amount he appears liable to contribute and informed that if he is unable to contribute the specified amount, he may send in additional information regarding his circumstances within a specified period not to exceed 60 days.

If the relative reports any unusual circumstances interfering with his ability to contribute, these are to be taken into consideration in determining liability.

A recommendation as to the amount of liability is made to the board of supervisors not later than the first month following the end of the specified period.

The relative is to be notified of the amount of his fixed liability and the effective date determined pursuant to W&IC Sec. 2224. (See Sec. A-025, Form Ag 246 and 246A.)

A follow-up request shall be sent within 30 days of the mailing of Form Ag 225, Statement of Responsible Relative, if the relative fails to return this form within the time limits specified in W&IC Sec. 2224.

(Continued)

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
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A-153.3 (Continued)

A-153.3

If a relative fails to return Form Ag 225 within 60 days from the date the form is mailed or otherwise given to him, such failure shall be reported to the Board of Supervisors.

The Board of Supervisors shall refer to the District Attorney for action under W&IC Sec. 2008 any relative where there is evidence that such relative has knowingly failed to complete and return Form Ag 225.

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
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A-205.12 USE OF SPECIAL NEED ALLOWANCE

A-205.12

1. The cost of an item of medical care of a type included within the scope of the Medical Care Fund (see Sec. MC-030) is allowed as special need (see Secs. A-206 thru A-206.94) rather than paid from the fund when one or more of the following conditions exist:
 - a. The recipient's income and aid payment for the month (prior to any current adjustment) will be sufficient to meet his total need including the cost of the particular item of medical care (for exceptions see Sec. A-205.13, Item 2).
 - b. Eligibility exists only because of need for medical care (including drugs and medical supplies).

Special need allowances for such medical care is subject to the same limitations as would apply if the Medical Care Fund were utilized except that when prescribed drugs and medical supplies are included as special need as provided in Sec. b, the actual cost is allowed.

2. The cost of an item of medical care of a type not included within the scope of the Medical Care Fund is allowed as special need within the limitations and conditions specified in Secs. A-206.1 thru A-206.94.

A-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE

A-206.6

When the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed \$6 monthly, is allowed as a special need.

Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) is not allowed as a special need.

When the prepaid medical plan or insurance does not cover an item of medical care or covers only a portion of the cost of such care, the cost not met by the prepaid plan, is allowed as special need or paid from the Medical Care Fund in accord with the limitations specified in Secs. A-205.12 and A-205.13. If the medical care received is a type included within the scope of the Medical Care Fund, the amount allowed as special need or paid from the Fund, when added to the amount, if any, available to the recipient by virtue of his membership in the prepaid plan, shall not exceed the fee specified for the particular item of care in the schedule of maximum allowances (see Sec. MC-040).

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Regulations

AID PAYMENTS

A-221

A-221 AMOUNT OF AID PAYMENT

A-221

Aid is to be paid monthly, subject to the limitations of W&IC 2020, and 2020.002 in the amount determined as follows:

1. If the recipient's current net income received in the month (as determined in accord with Chapter A-21) is \$16 or more, the amount of such income is subtracted from the amount of his total need for the month (as determined in accord with Chapter A-20). The resultant figure, or \$90, whichever is less, is the amount of the grant.
2. If there is no income or the recipient's current net income received in the month is less than \$16, the amount of such income is subtracted from his total need or from \$106, whichever is less. The resultant figure is the amount of the grant.

Exception: The interest payment on a trust deed, mortgage or promissory note received as a result of real property sold pursuant to W&IC Sec. 2165d is earmarked income which, after a home is purchased, must be applied on the home. Therefore, such income is available to apply on other needs only until the month in which the home is purchased and after full payment on the home is completed (see Sec. A-204.05).

Payment is to be authorized, changed, suspended, denied or discontinued by use of Form AG 278 or an approved substitute. (See Sec. A-025.25, Form AG 278.)

In determining the amount of the aid payment for a particular month, all income and those special needs which existed and were reported before the end of that month are considered.

Exceptions:

1. When the change occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month.
2. When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.
3. The reporting requirement is met whether the medical need is to be allowed as a special need to the recipient or as a payment to the vendor from the Medical Care Fund (see Secs. A-205 and A-205.12) when a medical care claim form is submitted by a vendor on behalf of the recipient. However, regardless of the reporting requirement, such medical care claim can be recognized as a special need only when it is submitted within the time limits specified in Sec. MC-052.05.

Any deficiency in a previous month between total need and the sum of the grant and the income is not to be carried forward and allowed as need in a subsequent month.

CALIFORNIA-SDSW-MANUAL- OAS

Rev. 537 replaces Rev. 232

Effective 11/1/58

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B-012.10 GENERAL REQUIREMENT - ANB-APSB

B-012.10

The county receiving an application or request for restoration (see Sec. B-010.20) shall by careful inquiry into the circumstances of the applicant or recipient determine whether he meets the conditions of eligibility specified in the W&IC and the regulations of the SDSW (Chapters B-10 through B-19), and if found eligible shall authorize the amount of aid to which he is entitled in relation to his needs and income. (Chapters B-20 through B-22)

If an individual appears to be eligible for both ANB and APSB it is the responsibility of the county to determine the program which would be more appropriate to his needs. (See Chapter 31, Decreasing Dependency.) An application for ANB may be used to grant APSB, if eligible therefor, or vice versa.

B-015.10 COUNTY RESPONSIBILITY FOR CONTINUING INVESTIGATION - ANB-APSB B-015.10

The county paying aid is responsible for such continuing investigation as is necessary to insure payment only to eligible recipients, to insure payment of aid in the fullest amount allowable under the law to assist recipients to meet needs as fully as possible, to assist recipients to make maximum use of their resources and capacities, and to encourage and stimulate blind persons to become self-supporting.

B-015.20 ANNUAL REINVESTIGATION REQUIREMENT - ANB-APSB

B-015.20

Whether or not certain aspects of the recipient's situation have been re-investigated earlier, a reinvestigation of all circumstances of the recipient subject to change shall be made at least once annually. As a part of the annual reinvestigation it is the responsibility of the county to also redetermine which Aid to the Blind program (ANB or APSB) is more appropriate to the needs of the recipient. (See Sec. B-313, Determination of Program.)

The due date for reinvestigation shall be set according to any plan which provides for completion of such a reinvestigation not later than 12 months from completion of the initial investigation or the previous reinvestigation.

The county shall consider as the date of completion of the annual reinvestigation the date the county worker or the case supervisor or the county welfare director signed the reverse of the completed Affirmation of Eligibility, Form Bl 206.

These Regulations are designed to become effective November 1, 1958.

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B-013 APPLICATION AND INVESTIGATION PROCEDURE FOR APPLICANTS
 AWAITING RELEASE FROM A STATE HOSPITAL - ANB - APSB

B-013

The procedure agreed upon between the SDMH and the SDSW shall be followed for an applicant about to be released from a state hospital. (See Handbook Sec. B-013.)

B-010 COUNTY RESPONSIBILITY - ANB - APSB

B-010

The county is responsible for receiving requests and applications for aid, (see Sec. B-010.20) for assisting applicants in securing evidence of eligibility, for determining which program - ANB or APSB - better meets the needs of the applicant, for taking whatever actions may be necessary to assist the blind person to effect more adequate physical, social or economic adjustment, for determining eligibility or ineligibility, for authorizing and paying aid in the fullest amount allowable under the law promptly to eligible persons, for identifying and evaluating any need applicants or recipients may have for medical care and/or social services in addition to the aid payment, for developing a service plan to meet the individual's need, for providing information as to availability of services by other agencies, and for providing such other services as the individual may require and the county may be able to render. (See Chapter 31, Decreasing Dependency.)

Persons authorized to act as agents of the board of supervisors under W&IC 7.1 shall be designated and such agents shall be persons who direct, supervise or perform the determination of eligibility.

B-011.40 APPLICATION INTERVIEW - ANB-APSB

B-011.40

The county shall interview the applicant and/or the guardian or conservator at the time the application is signed or as soon thereafter as possible.

In this interview the county shall inform the applicant of:

1. The purpose and provisions of both ANB and APSB. (See Chap. 31, Decreasing Dependency)
2. The eligibility requirements for both ANB and APSB.
3. The way in which the amount of aid is figured.
4. His responsibility for reporting all facts material to a correct determination of eligibility and grant
5. The joint responsibility which the county and the applicant have for exploring all the facts concerning eligibility, needs and income, and the applicant's responsibility for presenting records or documents in his possession, if required to support his statements.
6. The confidential nature of all information given
7. The kinds of verification needed to establish eligibility
8. The fact that all investigation will be undertaken with the full knowledge and consent of the applicant
9. The applicant's responsibility for notifying the county immediately of all changes in circumstances
10. The availability of assistance or service under some other program either public or private if the applicant appears ineligible.

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Regulations

RECORDS, FORMS AND CONTROLS

B-024

B-024 REQUIRED FORMS - ANB - APSB

B-024

The following forms, completed in accord with instructions for their use are required when the circumstances to which they relate exist:

BL 200	Application for Aid to the Blind (see Sec. B-011.11)
BL 221	Affidavit Regarding Residence of Applicant (see Sec. B-118.5)
BL 225	Statement of Responsible Relative Under Aid to the Blind Laws (see Sec. B-153.3)
BL 227	Physician's Report of Eye Examination (see Sec. B-192.01)
BL 227A	Optometrist's Report of Eye Examination (see Sec. B-192.01)
BL 280	Identification Card (see Sec. B-014.80)
ABCD 215	Notification of Transfer (see Sec. B-114)
ABD 231	Certificate of Delivery of Payment of Aid (see Sec. B-141.50)
ABD 235	Certification from State Department of Mental Hygiene of Applicant's Release from State Hospital (see Sec. B-013)
ABD 236A	Certification of Patient Status in a Public Medical Institution - Individual (see Sec. B-141.40)
and/or	
ABD 236B	Certification of Patient Status in a Public Medical Institution - List (see Sec. B-141.40)
DPA 1	Request for Federal Old Age and Survivors Insurance Information (see Sec. B-213)
DPA 5	Summary of Letters of Guardianship or Conservatorship (see Secs. B-011.12, B-011.13 and B-011.14)
DPA 6	State Department of Social Welfare Appeal as to Responsibility for Support (see Sec. B-017)
DPA 8	Notice to Applicant who Withdraws Application (see Sec. B-014.70)
MC 239A	Notice to Recipient (see Sec. B-024.58)

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CALIFORNIA-SDSW-MANUAL-AB

Rev. 711 replaces Rev. 538

Effective 11/1/58

CONTINUATION SHEET
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B-205.12

DETERMINATION OF NEED

Regulations

B-205.12 USE OF SPECIAL NEED ALLOWANCE - ANB-APSB

B-205.12

1. The cost of an item of medical care of a type included within the scope of the Medical Care Fund (see Sec. MC-030) is allowed as special need (see Secs. B-206 through B-206.94) rather than paid from the fund if one or more of the following conditions exist:

- a. The recipient's nonexempt income and aid payment for the month (prior to any current adjustment) will be sufficient to meet his total need including the cost of the particular item of medical care (for exceptions see Sec. B-205.13, Item 2).
- b. Eligibility exists only because of need for medical care (including drugs and medical supplies).

Special need allowances for such medical care is subject to the same limitations as would apply if the Medical Care Fund were utilized except that if prescribed drugs and medical supplies are included as special need as provided in Sec. b, the actual cost is allowed.

2. The cost of an item of medical care of a type not included within the scope of the Medical Care Fund is allowed as special need within the limitations and conditions specified in Sections B-206.1 through B-206.94.

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CALIFORNIA-SDSW-MANUAL-AB

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B-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE - ANB-APSB B-206.6

If the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed \$6 monthly, is allowed as a special need.

Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) is not allowed as a special need.

If the prepaid medical plan or insurance does not cover an item of medical care or covers only a portion of the cost of such care, the cost not met by the prepaid plan, is allowed as special need or paid from the Medical Care Fund, in accord with the limitations specified in Secs. B-205.12 and B-205.13. If the medical care received is a type included within the scope of the Medical Care Fund, the amount allowed as special need or paid from the Fund, when added to the amount, if any, available to the recipient by virtue of his membership in the prepaid plan, shall not exceed the fee specified for the particular item of care on the schedule of maximum allowances (see Sec. MC-040).

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Regulations

AID PAYMENTS

B-221

B-221

AMOUNT OF AID PAYMENT - ANB-APSB

B-221

Aid is to be paid monthly in advance, and the amount is determined as follows:

1. ANB: In determining the amount of aid to which an individual is eligible, consideration is first given to:

- a. The amount of net income other than exempt income (see Sec. B-212.10), and
- b. The amount required to meet any special need which the individual has.

The grant is then determined in accord with whichever of the following methods is appropriate:

1. Recipient Has No Nonexempt Income

The grant is \$110 regardless of need.

2. Recipient Has Nonexempt Income But No Special Need

Income is deducted from \$110.

3. Recipient's Nonexempt Income is \$11 a Month or Less

Income is deducted from \$110 regardless of need.

4. Recipient Has a Special Need and the Nonexempt Income is in Excess of \$11 a Month

- a. The first \$11 is deducted from \$110, leaving \$99. In these cases, grant may not exceed \$99.
- b. Compare remaining income (total nonexempt less \$11) with amount of special need:
 - (1) If remaining income is equal to or less than amount of special need, amount of grant is \$99.
 - (2) If remaining income is greater than amount of special need, the difference shall be deducted from \$99 to arrive at amount of grant.

2. APSB: The monthly grant is the maximum amount permitted by the code until exempt income of \$1000 is allowed during any one-year period. Thereafter the monthly grant is dependent upon total need and the amount of nonexempt income, as in ANB. (See Secs. B-212.20 and B-226.)

(Continued)

CALIFORNIA-SDSW-MANUAL-AB

Rev. 708 replaces Rev. 306

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B-221

AID PAYMENTS

Regulations

B-221 (Continued)

B-221

Payment is to be authorized, changed, suspended; denied or discontinued by use of Form BL 278 or an approved substitute. (See Sec. B-025.25.)

In determining the amount of the ANB payment for a particular month, as well as the APSB payment after allowance for the yearly exempt income (see Sec. B-212.20, Exempt Income - APSB) all nonexempt income and those special needs which existed and were reported before the end of that month are considered.

Exceptions:

1. If the change occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month.
2. If special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.
3. The reporting requirement is met whether the medical need is to be allowed as a special need to the recipient or as a payment to the vendor from the Medical Care Fund (See Secs. B-205 and B-205.12) if a medical care claim form is submitted by a vendor on behalf of the recipient. However, regardless of the reporting requirement, such medical care claim can be recognized as a special need only when it is submitted within the time limits specified in Sec. MC-052.05.

Any deficiency in a previous month between total need and the sum of the grant and the nonexempt income is not to be carried forward and allowed as need in a subsequent month.

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Regulations	DECREASING DEPENDENCY	B-310.06
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B-310	DECREASING DEPENDENCY - GENERAL - ANB-APSB	B-310
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It is the responsibility of every person administering Aid to the Blind to endeavor at all times to assist applicants for and recipients of Aid to the Blind to decrease or eliminate their dependency by means of more adequate physical, social, and economic adjustments.

B-310.06	SERVICES - DEFINITIONS - ANB-APSB	B-310.06
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General: "Services" are defined as any planned activity directed toward assisting blind individuals to realize productive and creative potentials to conserve health, to obtain suitable living arrangements, to retain or establish needed social relationships and to adjust to blindness.

Direct Service is given by the worker carrying primary and continuing responsibility for the case or by special social work staff within the county welfare department, and consists primarily of counseling and use of the casework method within the competence of the worker. Direct service includes referral to organized special resources within the welfare department or to other resources.

Organized Special Resource is a special unit within the county welfare department providing a service appropriate to public assistance by means of a particular approach or method of dealing directly with a specific problem or need of an individual, and which is governed by recognized standards in its field of activity.

Enabling Services and Facilities are services or facilities used to provide consultation for the individual on his legal, social, educational, medical, psychiatric, psychological and other problems and are used only for consultation, diagnosis and planning. Included are transportation and other services incidental to and essential to the obtaining of such consultation.

Community Planning includes all participation by county welfare staff in general community activities required by virtue of the position or office held, and in community planning activities that are reasonably related to the problems and needs of blind applicants and recipients or the Aid to the Blind programs.

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CALIFORNIA-SDSW-MANUAL-AB	Rev. 666 replaces Rev. 421	Effective 11/1/58
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B-310.15

DECREASING DEPENDENCY

Regulations

B-310.15 COUNTY RESPONSIBILITY FOR SERVICES - GENERAL - ANB-APSB

B-310.15

Specifically the county welfare department is responsible for:

1. Identifying and evaluating problems or needs in addition to those which can be met by a money payment through the grant. This responsibility covers problems of health, education, living arrangements, social isolation, personal adjustments to blindness and economic rehabilitation.
2. Developing a service plan for meeting the problems identified and evaluated, by
 - a. Providing such services as the individual may need and the county is able to render, through direct service, an organized special resource and referral to other resources; and
 - b. Where referral is made, assisting individuals to use these other resources to their best advantage.
3. Community planning activity including:
 - a. Identifying the need for resources in the community to meet problems found among blind persons;
 - b. Making needs of applicants and recipients for community resources known to the community;
 - c. Stimulating community action which affects the Social Welfare Programs for the Blind either directly or indirectly or meets the needs of individual applicants and recipients;
 - d. Participating in joint planning with other agencies and groups in developing needed resources; and
 - e. Developing working relationships with other agencies providing needed services to assure the maximum availability of these services to applicants and recipients.

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CALIFORNIA-SDSW-MANUAL-AB

Rev. 667 replaces Rev. 421

Effective 11/1/58

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Regulations

DECREASING DEPENDENCY

B-310.17

B-310.16 ORGANIZED SPECIAL RESOURCES - ANB-APSB

B-310.16

The county welfare department may establish organized special resources within the agency to provide services not being provided by direct service. An organized special resource may provide services which are normally the function of other agencies, provided:

1. The service is not otherwise available for applicants and recipients;
2. The development of the service by the county welfare department is the result of joint planning with other agencies involved;
3. Prior approval has been obtained from the Department of Social Welfare if the service is normally provided by another state agency or other agency providing service statewide;
4. There is continuing reassessment of the appropriateness of the service in relation to progress in the development of the service by another agency.

B-310.17 ENABLING SERVICES AND FACILITIES - ANB-APSB

B-310.17

If essential to the attainment of service objectives in the Social Welfare Programs for the Blind, the county may:

1. Establish enabling services or facilities within the county welfare department, and/or
2. Purchase enabling services from sources outside the county welfare department.

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CALIFORNIA-SDSW-MANUAL-AB

Rev. 668 replaces Rev. 421

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B-310.19

DECREASING DEPENDENCY

Regulations

B-310.19 SERVICES WHEN AID DISCONTINUED OR NOT GRANTED - ANB-APSB

B-310.19

A direct or special service initiated prior to discontinuance of aid, or prior to withdrawal of a request for assistance or to denial or withdrawal of an application for aid, is to be continued until the service objective is accomplished or until the county determines that it is no longer possible or desirable to accomplish it, provided that:

1. The objective is still valid under the current case situation; and
2. The service activity is nearing completion and cannot possibly be concluded by another agency; and
3. The county reviews the continuance of the service at sufficiently frequent intervals to assure that service does not continue beyond the reasonable period of time indicated for the individual case.

Referral to another community resource is to be made where such a resource is available and the service is needed following discontinuance of aid, withdrawal of request, or denial or withdrawal of application, whether the service was initiated prior to such action and whether the problem is related to the individual's need for financial assistance. Exception: Referral is not made where service has properly been initiated by the county welfare department and cannot feasibly be completed by another agency.

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-AB

Rev. 669 replaces Rev. 421

Effective 11/1/58

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

DECREASING DEPENDENCY

B-313

B-312

SEPARATE CASELOADS FOR AID TO THE BLIND - ANB-APSB

B-312

If a county has a caseload of 250 or more recipients of ANB and APSB it shall establish a special bureau or division to be devoted exclusively to the administration of Aid to the Blind.

The duties of the workers in the special bureau or division shall be confined to the Aid to the Blind programs except that such workers may also serve other members of the blind person's household who are applicants for or recipients of another category of aid. Exception may also be made if isolated geographical location, or the presence of recipients of other categories of aid in the same household, make such an exception desirable in the interest of efficient and economical administration.

If applications for Aid to the Blind are processed by a special intake unit, determination shall be made as to whether ANB or APSB best meets the needs of the individual. (See B-011.40, Application Interview.) Granted applications shall be transferred to the Bureau or Division for the Blind and recipients of ANB and APSB shall be visited within three months from the date aid begins by a worker whose duties are confined to the Aid to the Blind programs.

Every effort should be made to employ properly trained and qualified blind persons to administer the Aid to the Blind laws.

The number of recipients of Aid to the Blind for whom any one social worker has responsibility shall be sufficiently small to make possible an effective administration of Aid to the Blind, including the reduction or elimination of dependency whenever possible.

B-313

DETERMINATION OF PROGRAM - ANB-APSB

B-313

The determination of which program, ANB or APSB, is more appropriate for the individual shall be made at the time of application for Aid to the Blind; also at the time of each reinvestigation. With some individuals this determination will be made oftener than annually, in order to stimulate toward self-support those persons who are capable of accepting and benefiting from stimulation and encouragement in their efforts toward self-support. (See B-012, Investigation; B-015, Continuing Investigation; and B-313.05, Plan for Self-support.)

The following criteria shall be applied in relation to a plan for self-support:

1. The individual must have a reasonably adequate plan which he believes may lead to self-support, and
2. There must be evidence of a sincere and sustained effort toward the goal of self-support.

In evaluating a proposed plan for self-support, consideration is given to the work capacity of the individual and the existence of that type of employment opportunity. Lack of availability of employment in the community in which the recipient lives does not nullify his plan for self-support if he is willing to move to an area where there is an opportunity for employment of the type in which he is interested, and from which he believes he can achieve self-support.

CALIFORNIA-SDSW-MANUAL-AB

Rev. 670 replaces Rev. 421

Effective 11/1/58

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-202 NEEDS COMMON TO ALL FAMILY BUDGET UNITS

C-202

Needs are to be allowed as specified in the most recently issued ANC Cost Schedule for the county in which the family is living.

The following basic items of need are considered to be common to all families and are to be allowed in determining total need of the family budget unit. (Also see Secs. C-025 and C-025.17)

Exception: Housing and utility costs are to be allowed for children living with their mother and stepfather only if the stepfather's income does not meet his unit's expenses. In such case the ANC unit's prorata share of the actual housing and utility costs, or their prorata share of the housing and utility ceilings plus \$25, or the difference between the stepfather unit's needs and his net income, whichever is least, is allowed. This exception also applies if there is a man in the house assuming the role of a spouse to the mother.

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These Regulations are designated to become effective November 1, 1958.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-202.40

DETERMINATION OF NEED

Regulations

C-202.40 HOUSING

C-202.40

The amount of rent paid, up to the ceiling given in the ANC Cost Schedule, is allowed. (See Sec. C-204.05 for special need for housing, and Sec. C-202 for exception in stepfather cases.)

If the home occupied by the family is owned or being purchased, taxes, assessments, insurance, upkeep and repairs, and interest and principal on any encumbrance are prorated over a one-year period and are allowed up to the ceiling given in the ANC Cost Schedule.

The amount allowed for principal payments on encumbered property is not to exceed the minimum possible payment without loss of the property.

The minimum amount allowed for upkeep and minor repairs is based on the assessed valuation as follows:

ASSESSED VALUATION

MINIMUM MONTHLY ALLOWANCE

Under \$1,000	\$2.00
\$1,000 to \$1,999	2.50
\$2,000 to \$2,999	3.00
\$3,000 to \$3,999	3.50
\$4,000 to \$5,000	4.00

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CALIFORNIA-SDSW-MANUAL-ANC

Revision 277 replaces Rev. 122

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-202.50 UTILITIES

C-202.50

The amount specified in the ANC Coded Cost Schedule for utilities is to be allowed. (See Sec. C-202 for exception in stepfather cases.)

Exception: Any utility included in the rent is deducted from the utility allowance in the amount given for the utility in the Itemized ANC Cost Schedule. (See Sec. C-204.05 if rent including one or more utilities exceeds the county housing ceiling.)

C-203 SPECIAL NEEDS

C-203

The items and services which are considered essential to a minimum adequate standard of living but which are not common to all family budget units are to be allowed in the budget for the family unit under the conditions specified in Secs. C-204.03 through C-206. The cost of such a need which does not occur monthly is to be allowed in a single month or prorated over several months, dependent upon the plans the family is able to make with the vendor, the total cost, and the participating base.

Where a child lives with his mother and stepfather, only the special needs of the eligible child not shared by the household are allowed.

Exception: C-202.

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These Regulations are designated to become effective November 1, 1958.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-204.05	DETERMINATION OF NEED	Regulations
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C-204.05 SPECIAL NEED FOR HOUSING		C-204.05
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When the amount of rent paid or the expenses for a home being purchased is in excess of the ceiling for the family budget unit, the additional cost up to a maximum of \$25 monthly is allowed if any of the following circumstances exist for the particular family:

1. Adequate and suitable housing is not available to this family for less.
2. A special health or social problem necessitates housing which is not obtainable for this family within the ceiling or prevents the family from moving.
3. When major repairs, remodeling, or enlargement of a home owned or being purchased are necessary to provide safe and healthful housing, the cost prorated over a period not to exceed 3 years when added to the regular housing expense not to exceed \$25 monthly over the ceiling, is allowed. Prior county concurrence on the plan for repair or remodeling is to be encouraged. If the family contracts for such work without prior county concurrence with the plan, only the unpaid balance of the cost is allowed.

The cost of any utilities included in the rent is to be allowed as an additional housing expense up to the amounts specified for the utilities in the Itemized ANC Cost Schedule when necessary to meet the actual cost of the rent.

(Also see Sec. C-202.40, and Sec. C-202 if child is living with his mother and stepfather.)

C-204.07 SPECIAL NEED FOR UTILITIES		C-204.07
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When the yearly cost of utilities necessary to maintain health and comfort exceeds the regular allowance specified in the Coded Cost Schedule for the family budget unit, the additional average amount, not to exceed \$10 monthly, is allowed. (Also see Secs. C-202.50, and C-202 if child is living with his mother and stepfather.)

The average monthly cost of ice, if used, is allowed up to a maximum of \$6 for the household.

CONTINUATION SHEET
**FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

C-205 SPECIAL NEED FOR MEDICAL CARE

C-205

Medical care considered in determining need includes the services of doctors, dentists, nurses; clinic care; drugs and medical supplies; surgical and prosthetic appliances and X-ray and laboratory services, as required for diagnosis, care and treatment.

The cost of such care, up to the fee schedule amounts for the medical care program where such have been established, or in the actual amount where no fee has been set, is to be allowed unless the care needed is available through the medical care fund or through a public facility without cost.

The cost of an item of medical care of a type and for a person covered by the fund will be paid from the medical care fund when:

1. There is an aid payment made for the month care is given.
2. Aid is withheld or suspended because of a question concerning the amount of the grant (see Secs. C-226.10 and C-226.12).
3. Authorization of aid is decreased to zero to adjust for overpayment as provided in Sec. C-227.10.
4. An item of medical care included in the fund, or a portion of the cost of such care, is not met by a prepaid medical care plan to which the person belongs. In such cases the amount paid from the fund, when added to the amount available from the prepaid plan, shall not exceed the fee specified for the particular item of care in the schedule of maximum allowances (see Sec. MC-040). Persons covered by the fund, and also covered by prepaid medical care plans, must avail themselves of such resource even though the premiums may not be included as a special need.

Exception:

When eligibility exists only because of need for medical care of a type and for a person covered by the fund, i.e., the recipient's income is sufficient to cover all other needs, the cost of such care is allowed as a special need rather than paid from the fund.

(See Appendix Medical Care for coverage of Medical Care Fund.)

These Regulations are designated to become effective November 1, 1958.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF INCOME

C-212.62

C-212.62 INCOME OF A STEPFATHER

C-212.62

The income of the stepfather or other man in the home assuming the role of spouse to the mother of the eligible children to be used in determining his ability to contribute to the needy children (unless he is incapacitated and needy) is his take-home pay plus his net income from all other sources, except his wife's income from her own earnings.

Irregular or seasonal earnings may be averaged over a past period not to exceed one year to determine income for a comparable period in advance.

From the total of take-home pay and other net income is to be deducted:

1. The amount specified as "stepfather's allowance" in the most recently issued ANC Coded Cost Schedule in accordance with the composition of the stepfather unit, which is to include the stepfather and his dependents (including his wife) who are living in the home.
2. The actual housing cost up to the county housing ceiling plus \$25 and the actual transportation costs incurred to obtain and retain employment.
3. Actual support payments to dependents living elsewhere, and alimony payments to his ex-wife up to the amount required by court order.
4. An amount to permit liquidation or adjustment of excessive pressing debts which threaten family stability or receipt of income providing the county determines the necessity for the amount and the family will cooperate in making and carrying out an acceptable plan.
5. An amount to permit payment of excessive special needs arising from major health or social problems providing the county determines the necessity for the amount.

After deducting the above amounts from the stepfather's net income the balance, or the mother's community property interest in the stepfather's income, whichever is less, is to be used as the income available to the needy children.

The mother's total net separate income, including her earnings, is to be considered income to the family budget unit.

Exception: If the stepfather does not have sufficient income to meet the stepfather unit's needs, the mother's income is to be divided equally among her children (including her children by the stepfather) and herself, except that the share of the mother and her children in the stepfather unit may not exceed the difference between the stepfather unit's needs and the stepfather's income.

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.1

MC-030

SCOPE AND LIMITATIONS

MC-030

MC-031.1

SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR AUTHORIZATION MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions and prescribed drugs, required for the relief of pain, or the elimination of acute infection.
- C. Drugs, as prescribed by practitioners except alcoholic beverages. Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

Medical supplies, if prescribed by a practitioner, and listed in the schedule of Maximum Allowances.

- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations to a maximum of five visits for any one illness.
- H. Chiropody services of an emergency nature, including the prescribing of drugs for relief of pain or elimination of acute infection. Such emergency care to be justified by written report from the treating chiropodist.
- I. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.

CALIFORNIA-SDSW-MANUAL-MC

Rev. 97 replaces Rev. 64

Effective 11/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

MC-040 SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

The following allowances constitute the maximum payment that may be made for the specified service or procedure. No additional charge to the recipient will be permitted.

No payment will be made for any procedure performed in a hospital for other than outpatient services, such as diagnostic laboratory or X-ray services, physical therapy, or procedures performed on an emergency outpatient basis.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

No payment will be made for the treatment of mental illness or for radium or X-ray therapy.

Under the Aid to Needy Children program payment will be made for the treatment of tuberculosis, venereal disease, and for prenatal care. Payment for these conditions will not be made for recipients of Old Age Security and Aid to the Blind.

This schedule includes most procedures contemplated as necessary and normally performed in any locality on an outpatient basis. However, other procedures may be included if they are determined to be in accordance with local community practice.

No payment may be made for any service or care rendered to patients admitted to and registered in a hospital and in a facility, such as an adjunct nursing home, operated as a part of such hospital.

MC-041 SERVICES BY PUBLIC OR VOLUNTARY CLINICS

MC-041

Maximum payments allowable for services rendered in public or voluntary clinics are limited to 75 percent of the allowances contained in Sections MC-040.1, MC-040.2, MC-040.3, MC-040.4, MC-042, MC-043, MC-044 and MC-046.

These Regulations are designated to become effective November 1, 1958.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 103.1

RESOLUTION

WHEREAS the 1958 amendments to the Social Security Act, operative October 1, 1958, remove the limitation that payments for medical care from a pooled fund must be solely in the form of vendor payments and thus permit payments from such pooled funds to be made to recipients; and

WHEREAS a number of local medical societies and county welfare departments have recommended that the department test a method under which payment for medical care is made to the recipient; and

WHEREAS the provisions of Chapter 1, Part 3, Division 5 of the Welfare and Institutions Code (Secs. 4500-4605) do not prohibit such a test; be it

RESOLVED that the Director be authorized to test the recipient payment method in a limited number of counties where he finds the following conditions to exist:

1. Application for test is made jointly by the county welfare department and the medical society with both agreeing to active participation in review and evaluation;
2. Itemized statements for care will be rendered to recipients;
3. Charges for care may be in accordance with local custom and will be in accordance with medical ethics;
4. Information on the recipient's diagnosis will be furnished by the physician to the county welfare department;
5. The local medical society will guarantee all necessary outpatient medical services enumerated in Sections MC-031.1 and MC-031.2 of the Manual of Policies and Procedures, but will not need prior authorization in rendering these services;
6. The following method of payment will be agreed upon by the county and the local medical society:
 - a. The total amount available shall be the sum of premium deposits made in behalf of recipients in that county and the amount of recipients' income available for their medical care;
 - b. Out of this total amount available payment shall first be made to nonmedical practitioners and out-of-county physicians within the limits of applicable schedules of maximum allowances.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

- c. If the balance remaining is insufficient to meet in full all statements of the medical practitioners, the medical practitioners will accept the remaining balance as payment in full and will make provision for its division by proration or other equitable means;

BE IT FURTHER RESOLVED that this resolution shall take effect on October 1, 1958, and shall cease to be in effect on June 30, 1959. Any agreements made pursuant to this resolution may provide that either party to such agreement may withdraw upon 30 days' written notice to the other party.

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

Regulations

GENERAL PROVISIONS AND DEFINITIONS

BH-1.30

BH-1 DEFINITIONS - CARE OF AGED PERSONS

BH-1

BH-1.10 BOARDING HOMES FOR AGED PERSONS

BH-1.10

A Boarding Home for Aged (BHA) is a residential family home, noninstitutional in character, which receives for care less than 16 aged persons who have reached the age of 65 years. (See Handbook Sec. BH-1.21 for definition of institutional in character.)

Such homes are of two types as defined by Secs. BH-1.11 and BH-1.12.

BH-1.11 FOSTER FAMILY HOME - AGED PERSONS

BH-1.11

A family home in which there are no more than six aged persons in care.

BH-1.12 SMALL GROUP CARE HOME - AGED PERSONS

BH-1.12

A group care home serving from 7 to 15 aged persons. (See Handbook Sec. BH-1.12.)

BH-1.20 PRIVATE INSTITUTION FOR AGED PERSONS

BH-1.20

A private institution for the aged is a home which is institutional in character or which accepts 16 or more persons for care.

BH-1.30 RECEPTION AND CARE OF AGED PERSONS

BH-1.30

Places whose primary purpose is considered to be care and reception of aged include:

1. A place calling itself a home for the aged or identifying its clientele as elderly or aged and which serves or intends to serve aged persons.
2. Facilities, other than nursing homes or psychiatric facilities which accept responsibility for the general well being of each aged guest in terms of his particular needs including:
 - a. Regularly serving meals to residents.
 - b. Personal services, such as help with bathing, dressing, eating, etc., as needed.
 - c. Care of clothing, personal laundry, mending, etc.
 - d. Recreational, social or religious activities.
 - e. Health supervision - calling a physician, giving care during minor illnesses, reminding guests about medical appointments or taking medication, etc.
 - f. Acceptance of referrals or placements from social agencies, hospitals, etc.

CALIFORNIA-SDSW-MANUAL-BH

Issue No. 1-2

Effective 11/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-2	GENERAL PROVISIONS AND DEFINITIONS	Regulations
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BH-2	DEFINITIONS - CARE OF CHILDREN	BH-2
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BH-2.10	BOARDING HOMES FOR CHILDREN	BH-2.10
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A boarding home for children is a residential family home, noninstitutional in character, which provides 24 hour care with or without compensation for less than 16 children under 16 years of age, including children of the foster family under age 16. (See Sec. BH-2.52 for definition of noninstitutional in character.)

Such homes are of two types as defined by Secs. BH-2.11 and BH-2.12.

BH-2.11	FOSTER FAMILY HOME FOR CHILDREN	BH-2.11
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A boarding home providing care for six or less children.

BH-2.12	SPECIAL BOARDING HOME FOR CHILDREN	BH-2.12
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A boarding home providing care for seven or more but less than 16 children.

BH-2.20	FOSTER DAY-CARE HOMES - CHILDREN	BH-2.20
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BH-2.21	FAMILY DAY-CARE HOMES - CHILDREN	BH-2.21
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Family home noninstitutional in character, which provides day care only, with or without compensation, for six or less children under 16 years of age, including foster family's children under age 16.

BH-2.23	SPECIAL DAY-CARE HOMES - CHILDREN	BH-2.23
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Family home noninstitutional in character, which provides day care only, with or without compensation, for 7 to 10 children inclusive under 16 years of age, including children of the foster family under age 16.

BH-2.30	PARENT-CHILD FACILITIES	BH-2.30
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BH-2.31	PARENT-CHILD BOARDING HOMES	BH-2.31
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A family home noninstitutional in character, which provides board and room or room only, to parents with their children including as a clearly defined part of the service given, the care and supervision of the children while the parents are away. Such homes may accommodate not more than six children under 16 years of age, including the foster mother's own children, nor more than four family units, including the foster family unit and employees and their children in residence.

CALIFORNIA-SDSW-MANUAL- BH

Issue No. 1-3

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations	GENERAL PROVISIONS AND DEFINITIONS	BH-2.90
BH-2.33	PARENT-CHILD INSTITUTIONS	BH-2.33
Facilities operated by a person, corporation or association which provide (a) board and room or room only to parents with their children for more than six children under 16 years of age, or more than four family units including the resident staff with children or (b) service for a smaller number, which is institutional in character.		
BH-2.40	DAY NURSERIES	BH-2.40
Facilities operated by a person, corporation or association which (a) accept for nonresident care and supervision, more than 10 children under 16 years of age or (b) provide for a smaller number care that is institutional in character, with or without compensation. The term day nursery includes all types of group day care programs, including day nurseries for children of working mothers, nursery schools for children under the minimum age for admission to public schools, parent-cooperative nursery schools, play groups for preschool children, programs giving after school care to school age children, etc.		
BH-2.50	INSTITUTIONS FOR CHILDREN	BH-2.50
Facilities operated by a person, association or corporation which (a) accept for 24-hour care, more than 15 children under 16 years of age or (b) provide for a smaller number, care that is institutional in character, with or without compensation.		
BH-2.60	SUMMER CAMPS	BH-2.60
Facilities operated by a person, corporation or association for five consecutive days or more in an established site serving children under 16 years of age in the absence of their parents.		
BH-2.70	MATERNITY HOMES	BH-2.70
Facilities operated by incorporated nonprofit organizations which offer residential care and other social services (a) to girls under 16 years of age for periods prior to and after confinement and (b) to their babies for varying periods of time. Hospital services operated in connection with a maternity home are also subject to license by the SDPH as a hospital.		
BH-2.80	CHILD PLACING AGENCIES	BH-2.80
Private agencies operated by nonprofit organizations which place children for temporary care or for adoption.		
BH-2.90	COUNTY ADOPTION AGENCIES	BH-2.90
Public agencies authorized to accept relinquishments for adoption, find homes for children under 16 years of age and to place children in homes for adoption, and when specifically authorized such agencies also investigate and report on petitions for adoption filed in the Superior Court of that county.		

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-3.30	GENERAL PROVISIONS AND DEFINITIONS	Regulations
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BH-3.30	CHILD CARE FACILITIES NOT REQUIRED TO HAVE A LICENSE	BH-3.30
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BH-3.31	EXCLUSIVE USE HOMES OF CHILD PLACING AGENCIES	BH-3.31
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Foster homes for children used exclusively by private child-placing agencies licensed to approve such homes for their own use.

BH-3.32	HOMES OF RELATIVES AND GUARDIANS - CHILDREN	BH-3.32
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A child care license is not required for the care of brothers, sisters, nieces, nephews, grandchildren, or other near relatives, or children for whom legal guardianship of the person is held.

BH-3.33	ADOPTIVE HOMES - CHILDREN	BH-3.33
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1. Independent Placement - Petition Filed

Adoptive homes in which a petition for adoption has been filed and is pending.

2. Agency Placement - No Petition Filed

Adoptive homes in which an adoption agency has placed a child for adoption but petition has not yet been filed.

BH-3.34	HOMES WITH JUVENILE COURT COMMITMENTS UNDER W&IC SEC. 740, A	BH-3.34
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Homes to which juvenile court wards have been committed under Section 740a of the Juvenile Court Law.

BH-4	MISCELLANEOUS DEFINITIONS AND ABBREVIATIONS	BH-4
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BH-4.10	ACCREDITED LICENSING AGENCY	BH-4.10
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A local public agency designated by the Board of Supervisors and approved by the SDSW to license family boarding homes for children and aged under the authority of W&IC Secs. 1622 and 2302.

BH-4.20	ACCREDITED INSPECTION AGENCY	BH-4.20
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A local public agency accepting limited delegation of authority for the SDSW to inspect and to recommend the licensing action to be taken by the SDSW for family boarding homes for children and aged. The SDSW retains responsibility for decision and action in regard to issuance or denial of license.

BH-4.30	ABBREVIATIONS	BH-4.30
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The symbol BHA is used to designate aged boarding homes.
The symbol BHC is used to designate children's boarding homes.
The symbol PC is used to designate parent-child boarding homes.
The symbol DC is used to designate family day care homes.
The symbol FT - full time - 24-hour care.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations DELEGATION TO LOCAL AGENCIES BH-013.20

BH-012 RESPONSIBILITIES DELEGATED BH-012

The licensing responsibilities delegated to a local accredited agency shall be limited to facilities listed under Secs. BH-012.10 and BH-012.20.

BH-012.10 FACILITIES FOR AGED BH-012.10

1. Foster boarding homes for aged persons as defined by Sec. BH-1.21.
2. Small group care for aged persons as defined by Sec. BH-1.22.

BH-012.20 FACILITIES FOR CHILDREN BH-012.20

1. Foster family homes for 24-hour care of children as defined by Sec. BH-3.21.
2. Special boarding homes for 24-hour care of children as defined by Sec. BH-3.22.
3. Family day care homes for children as defined by Sec. BH-3.31.
4. Special day care homes for children as defined by Sec. BH-3.32.
5. Parent-child boarding homes for parent and children as defined by Sec. BH-3.41.

BH-012.40 LIMITATION ON DELEGATION BH-012.40

The SDSW will accredit only one public agency to serve a county. Each accredited agency will have delegated responsibility for all boarding homes for children and aged persons in the county.

BH-013 PROCEDURE AND AGREEMENT OF ACCREDITATION BH-013

BH-013.10 LICENSING AGENCY BH-013.10

The Board of Supervisors must enter into a contract with the SDSW and designate the licensing agency. Such contract shall be signed by the Director of SDSW and the Chairman of the Board of Supervisors.

BH-013.20 AGREEMENT WITH ACCREDITED INSPECTION AGENCY BH-013.20

No contract shall be necessary to become an accredited inspection agency, but such delegation shall be confirmed in writing.

Responsibility will be delegated to an accredited inspection agency for homes listed in Secs. BH-012.10 and BH-012.20.

CALIFORNIA-SDSW-MANUAL- BH Issue No. 01-2 Effective 11/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS AND REPORTS

BH-021

BH-020 CONFIDENTIAL NATURE OF RECORDS AND INFORMATION

BH-020

Boarding home records and information pertaining thereto shall be confidential.

Information that an application has been filed, that license has been granted or denied, the number for which license has been granted, and the type of care (type as distinguished from quality) given, is public information and shall be provided on request.

Information shall be given in actions brought by law enforcement officers dealing with the enforcement or prosecution of the boarding home law.

In the subpoena of records and witnesses by a court when the action does not concern the licensing program, the attention of the court shall be called to the confidential nature of records.

Information of an evaluative nature (which may include the entire record) shall be released only when it is requested by a public or private social welfare or health agency which fulfills the following conditions:

1. The agency, as part of its usual duties, makes social investigations for the purpose of rendering social service.
2. The agency maintains adequate standards for the protection of confidential information.
3. The agency will use the information only for the purpose for which it is made available, such purpose to be reasonably related to the purpose and functions of the inquiring agency.

BH-021 CASE RECORDS

BH-021

Each licensing and inspection agency shall maintain case records containing all information secured regarding each of the following:

1. Prospective applicant for license (preapplication contacts)
2. Applicant for license
3. Licensed Boarding Home.

The record shall contain full information relative to the action taken by the agency or the decision of the applicant or prospective applicant to withdraw.

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-021.10

RECORDS AND REPORTS

BH-021.10

BH-021.10 CONTENT OF CASE RECORDS

BH-021.10

Pertinent social information revealing the characteristics of each boarding home shall be recorded in order that the strengths and weaknesses of the home are clearly set forth, and there is indication of the basis for the action taken by the agency.

In addition to the case recording, case records shall include in a uniform arrangement: (1) copies of all forms completed in connection with the application or licensing study; (2) all correspondence received; and (3) copies of all correspondence sent.

An accredited licensing agency shall file a copy of the license in the case record. The record of an inspection agency shall contain copies of the notification from the SDSW that a license has been issued.

BH-021.20 RETENTION AND DESTRUCTION OF CASE RECORDS

BH-021.20

Records shall be retained intact for five years after the license becomes inactive. Thereafter all material may be destroyed except fiscal and financial information necessary for auditing purposes.

Any material so destroyed shall be reported to the SDSW showing the following:

1. Description of records
2. Period covered by the records
3. Total volume by lineal inches or bulk by file drawers (legal or letter size).

BH-022 RECORD OF HOMES IN EXCLUSIVE USE BY LICENSED PRIVATE
CHILD PLACING AGENCY

BH-022

The accredited agency shall record and file each notification form received from a private child placing agency and shall take any appropriate action indicated by the information recorded on this form (e.g., clearance with agency files to identify whether BHC application filed and appropriate correlation with any existing record; follow-up re licensing requirements when foster children are in care and the home is not approved for use by the private agency; etc.)

CALIFORNIA-SDSW-MANUAL-BH

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS AND REPORTS

BH-025

BH-024 CONTROL PROCEDURES

BH-024

BH-024.10 MASTER FILE

BH-024.10

Each accredited licensing or inspection agency shall maintain a master card file of all boarding homes.

Each agency shall also maintain a method of registering each case number assigned, and cases shall be further identified by a symbol differentiating the aged homes and the children's boarding homes.

BH-024.20 CASE PROCESSING CONTROLS

BH-024.20

Accredited agencies shall maintain card files and controls on:

1. Pending applications
2. Annual renewals
3. Inquiries, homes reported to be operating without license, complaints, etc.
4. Fire clearances.

BH-025 STATISTICAL REPORTS

BH-025

Accredited licensing agencies shall submit the following monthly statistical reports to the SDSW:

1. Monthly Statistical Reports on Licensing of Boarding Homes for Aged, Form BHA-41
2. Monthly Statistical Reports on Licensing of Boarding Homes for Children, Form BHC-41.

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CALIFORNIA-SDSW-MANUAL-BH

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Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations	LICENSING PROCESS	BH-103.10
BH-101	PURPOSE	BH-101
The welfare of children and aged persons, rather than the desire of the applicants for a license, shall guide the process of licensing foster homes.		
BH-102	AGENCY RESPONSIBILITY	BH-102
BH-102.10	ACCREDITED AGENCY - GENERAL	BH-102.10
An accredited agency shall accept applications for license in accordance with its delegated responsibility, and shall act on such applications as rapidly as administratively possible. Case records shall be maintained and shall contain all information secured regarding each application for a boarding home license and each licensed boarding home. (See Sec. BH-021.)		
BH-102.20	INSPECTION AGENCY	BH-102.20
Each inspection agency shall prepare all forms, correspondence and reports (including recorded reports of interviews and other contacts) in duplicate to provide material for the record maintained by the SDSW.		
BH-103	LICENSING JURISDICTION	BH-103
BH-103.10	DETERMINATION OF JURISDICTION	BH-103.10
Initial contacts with persons planning to care for children or aged persons shall include a determination of whether their home is subject to license by the accredited agency. (See Secs. BH-012.10 and 012.20 - See also Handbook Sec. 013.10 for chart.) When the care planned cannot be properly classified as boarding home care for children or aged persons, any other licensing requirements shall be explained and information given about the procedures to be followed in making application to the proper state department (i.e., the SDSW, the SDPH or the SDMH). An opportunity to modify plans to remain within the licensing jurisdiction of the accredited agency shall also be provided and any necessary referral procedures explained. Plans which appear subject to license shall be reported to the proper state department when (1) children or aged persons are currently receiving care; (2) a proposed facility is believed to fall within the licensing jurisdiction of the SDSW or (3) an application for license as a boarding home was previously filed and is still pending. (For referral procedures, see Secs. BH-103.20 and 103.30.) Any BHC or BHA application filed before the current plans were developed or fully understood shall remain pending until it is known whether licensing jurisdiction will be accepted by another agency. (See Secs. BH-103.20 through BH-103.40.) When a request for inspection by a fire safety authority or local health department preceded referral to another agency, written notification of the referral shall be sent to the appropriate inspection official. (See Sec. BH-105.51.) On receipt of notification that licensing jurisdiction has been accepted by another agency, a letter shall be sent to the applicant advising that his application will be considered withdrawn. (See Sec. BH-105.70.)		
CALIFORNIA-SDSW-MANUAL- BH	Issue No. 10-2	Effective 11/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-103.20

LICENSING PROCESS

Regulations

BH-103.20 REFERRAL TO SDSW

BH-103.20

When plans for the care of children or aged persons are believed to fall within the licensing jurisdiction of the SDSW, a referral report shall be sent to the nearest Area Office.

This report shall include:

1. A copy of the recording of the initial interview and/or a summary of pertinent information contained in any prior record of the accredited agency.
2. A letter which explains the basis for referral, reports the current status of any application previously filed and if an application is still pending, requests a report of the SDSW licensing decision.

Similar referral shall be made to the SDSW when there is (1) doubt as to whether a proposed facility is subject to license or (2) a lack of clarity about licensing jurisdiction.

BH-103.30 REFERRAL TO SDPH

BH-103.30

When plans for the care of children or aged persons are believed to fall within the licensing jurisdiction of the SDPH, any referral report required by Sec. BH-103 shall be sent to the Bureau of Hospitals of the SDPH (2151 Berkeley Way, Berkeley), with a copy to the appropriate Los Angeles Health Department (city or county) if the facility is located in Los Angeles.

This report shall include the following information:

1. Name of the home (if any).
2. Address of the home.
3. Name and address of the potential applicants.
4. Licensing status with the accredited agency (including the date of expiration of any current license and the terms of the license).
5. Number of any children or aged guests currently receiving care and a brief description of their physical and mental condition. (A medical diagnosis is not required.)
6. A statement of the plans described as they relate to the services to be provided (e.g., administration of medicine, bedside care, massage, physiotherapy, etc.); the physical or mental condition of the children or aged persons to be accepted for care and any other pertinent information needed to determine jurisdiction.

If a BHC or BHA application is pending, the letter of referral shall also request a report of the SDPH decision about jurisdiction.

CALIFORNIA-SDSW-MANUAL-BH

Issue No. 10-3

Effective 11/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

LICENSING PROCESS

BH-105.10

BH-103.40 REFERRAL TO SDMH

BH-103.40

When plans for the care of children or aged persons are believed to fall within the jurisdiction of the SDMH, any referral report required by Sec. BH-103 shall be sent to the Division of Private Institutions of the SDMH (541 South Spring Street, Room 515, Los Angeles 13).

This report shall include all information required when referral is made to the SDPH. (See Sec. BH-103.30.)

BH-104 APPLICATION FOR LICENSE

BH-104

Any person shall have the right to file an application for license.

A person who wishes to file an application shall be given an opportunity to do so even when it is known that licensing standards are not met, or that aged guests or children are not available for placement.

Persons currently caring for children or aged persons and intending to continue such care shall be instructed to file an application.

If an applicant or licensee moves to a new address, he shall be notified that a new application is required if he plans to care for foster children or aged persons at another address. (See Sec. BH-107.43.)

If a new occupant plans to care for children or aged persons in the former home of an applicant or licensee, he shall be advised of the need to file an application for license. (See Sec. BH-107.45.)

The appropriate application form (BHA 10 - Application for License to Operate a Private Home for Aged or BHC 10.1 - Foster Home Application) shall be completed and signed by the applicant.

BH-105 STUDY OF APPLICATION

BH-105

The licensing agency shall complete a study of each application received.

Each study shall include all steps necessary to determine whether applicable licensing standards are or are not met. (See Secs. BH-105.10 through BH-105.60.)

BH-105.10 INTERVIEWS

BH-105.10

Each study shall include a sufficient number of interviews with the applicants to determine their ability to meet the needs of foster children or aged guests.

At some appropriate point, the standards shall be reviewed with the applicant.

When issuance of a license is anticipated, the requirements relating to the maintenance of a register and strict adherence to the terms of the license shall be explained.

CALIFORNIA-SDSW-MANUAL-BH

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-105.20

LICENSING PROCESS

Regulations

BH-105.20 HOME VISITS

BH-105.20

Unless the application is withdrawn or denied after an initial interview(s), the study shall include at least one visit to the applicant's home to determine whether requirements relating to the physical aspects of the home are met.

When there are own children or other adults living in the home, one or more home visits shall include an evaluation of conformity with requirements applicable to all members of the household (e.g., mental and physical health, willingness to share their home with a foster child or aged person; family relationships; etc.)

BH-105.30 REFERENCES

BH-105.30

A license shall not be issued until one or more references have been consulted to corroborate and give assurance that the impressions gathered by a thorough and careful evaluation of the home are reasonably sound.

BH-105.40 VERIFICATION OF INCOME AND HEALTH

BH-105.40

Each study shall include any necessary verification that standards relating to physical and mental health and financial status are met.

BH-105.41 ANNUAL X-RAY CHILDREN'S BOARDING HOMES

BH-105.41

Unless all members of the household are exempt from the X-ray requirement because of their religious beliefs, each study shall include (1) a determination that all necessary X-ray reports have been secured within the last 12 months and (2) an examination of all reports on file in the home to insure that freedom from active tuberculosis has been certified.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

LICENSING PROCESS

BH-105.51

BH-105.50 CLEARANCES

BH-105.50

BH-105.51 FIRE SAFETY

BH-105.51

Requests for inspection shall be sent to an appropriate fire official for the following: (Form BH 23.6 is available for this purpose.)

Aged Homes

1. Homes requesting a license to care for more than six aged persons.
2. Homes planning to care for any nonambulatory persons. For this purpose, a "nonambulatory" person means any guest who is incapable of leaving the building without assistance of any type in the event of an emergency.

Fire inspection shall be requested when there is any doubt of the ability of a guest to leave the building unaided. (Aged guests who are blind, feeble or handicapped so that crutches, canes, walkers or wheel-chairs are needed, may be considered ambulatory or nonambulatory depending on their individual abilities and the physical setup of the home.)

3. Homes which appear to present a fire hazard.

Children's Boarding Homes

1. Homes requesting a license to care for more than six children.
2. Homes located in a federal housing project.
3. Homes which appear to present a fire hazard.
4. Homes in which there is a plan to use a temporary structure for the care of foster children in an expanded summer program.

Making Requests for Fire Inspection

If local fire inspection is not available, requests for inspection shall be sent to the appropriate district office of the State Fire Marshal in San Francisco, Sacramento or Los Angeles.

Requests shall include the following:

1. Name and address of home.
2. Clear directions for reaching home.
3. Description of building.
4. Any observed fire hazard.
5. Number and ages of foster children.
6. Number of aged persons and any pertinent information on their physical condition.

Withholding of License

When a fire inspection is required, a license shall not be issued until a fire clearance is received.

CALIFORNIA-SDSW-MANUAL-BH

Issue No. 10-6

Effective 11/1/58

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

BH-105.52

LICENSING PROCESS

Regulations

BH-105.52 LOCAL HEALTH AUTHORITIES

BH-105.52

Inspection by a local health department shall be requested when there is doubt that standards relating to health and safety are met.

Special problems in determining conformity with standards exist when:

1. The home is located in a rural area which does not have an approved water supply, sewage system and other public utilities. (See Secs. BH-114.3 and 122.10.)
2. The milk supply is not obtained from a commercial dairy. (See Sec. BH-121.12.)
3. The home appears to present a health hazard (storage, care and protection of food, refuse disposal, general sanitation of premises, etc.) (See Secs. BH-114.30 and 122.10.)
4. An expanded summer program for the care of foster children is planned.

For these programs, the guidance of the health department shall be followed with regard to the adequacy of toilet and bathing facilities as well as the items listed above.

BH-105.53 HOUSING

BH-105.53

When there is doubt that the requirements of the State Housing Act are met, an inspection by an appropriate housing official shall be requested.

BH-105.54 LOCAL ORDINANCES

BH-105.54

Eligibility to license shall be determined on the basis of conformity to the standards issued by the SDSW, and no responsibility to enforce conformity with local ordinances shall be assumed by the SDSW or the accredited agency.

BH-105.60 EVALUATION OF FINDINGS

BH-105.60

BH-105.61 LICENSING AGENCY

BH-105.61

When all necessary information has been secured through interviews, observation or written reports, the findings shall be evaluated to determine conformity with standards.

In this process, deviations from standards relating to the physical aspects of the home shall be approved only when (1) all other requirements are met and (2) a realistic modification of standards is necessary to protect the welfare of a particular child or aged person, or to secure any licensed homes in a particular community (i.e., when the removal of a child or aged person already living in the home would be damaging to his welfare or when the prevailing standards of housing in the community are substandard because of an acute housing inadequacy, or other reasons).

The evaluation, as well as the information obtained, shall be recorded and used as a basis for decision about the licensing action to be taken.

CALIFORNIA-SDSW-MANUAL- BH

Issue No. 10-7

Effective 11/1/58

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations	LICENSING PROCESS	BH-105.81
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BH-105.63 INSPECTION AGENCY		BH-105.63
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When the study of an application has been completed and the recommendations are ready for licensing review, the SDSW shall be notified on the form provided for this purpose.

BH-105.70 WITHDRAWAL OF APPLICATION		BH-105.70
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An applicant shall be permitted to withdraw his application at any time prior to the issuance of a license.

A verbal request for withdrawal of application shall be confirmed in writing by the agency.

An inspection agency shall secure a duplicate withdrawal or send a copy of the confirming letter to the SDSW.

BH-105.80 ISSUANCE OF LICENSE		BH-105.80
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When the requirements for license are met, the appropriate license form (BHA-30.1 - License to Conduct a Boarding Home for Aged Persons or BHC-30.1 - License to Conduct a Boarding Home for Children) shall be completed.

All licenses shall bear (1) the case number and symbol assigned (i.e., BHC or BHA); (2) the name and address of the person or persons responsible for the care to be provided; and (3) the effective dates and terms of the license as set forth in Secs. BH-105.81 and BH-105.83.

The original and one copy of the license shall be signed by the executive or delegated employee of the agency responsible for licensing (i.e., the accredited agency or the SDSW).

One copy of the license shall be filed in the case record and the original license transmitted to the licensee(s) with any special instructions, register forms or other pertinent material.

BH-105.81 EFFECTIVE DATE		BH-105.81
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The effective date of a license shall be the date actually issued or a subsequent date.

No license shall be issued or bear an effective date prior to completion of the licensing study. A license shall not be predated to the expiration date of a prior license when a new application was required because of a change of location or a change in the person(s) responsible for care. (Example: The previous license issued to the same applicant at another address or to a different licensee at the same address expired in May, and the study of the new application was not completed until June. The new license must not bear a date prior to the completion of the study in June.)

No license shall bear a date of expiration more than 12 months from the date of issuance.

CALIFORNIA-SDSW-MANUAL- BH	Issue No. 10-8	Effective 11/1/58
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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-105.83

LICENSING PROCESS

Regulations

BH-105.83 TERMS OF THE LICENSE

BH-105.83

1. General

The license shall specify the maximum number of foster children or aged guests to receive care at any one time.

When continued care of a particular child or aged person requires special permission, the license shall specify the name of each person whose care is so authorized.

Any other limitations indicated by the study shall be written on the license or included in the transmittal letter.

2. Boarding Homes for Aged Persons

Unless the care of nonambulatory aged persons has been approved by fire safety officials, each BHA license shall state "Ambulatory aged only." When such approval has been given, the license must specify the number of nonambulatory persons included in the licensed capacity. (See Sec. BH-105.51.)

3. Boarding Homes for Children

The license issued to a foster home for children shall specify (1) the age range and sex of the foster children and (2) the type of care authorized (i.e., "For day care only;" "For 24-hour care only" or "For parent-child care only").

For foster homes which operate a summer program for a larger number of children, the license shall clearly state both the number of children permitted for year-round care and the number of children permitted for summer care. If the summer capacity has not been determined at the time license is issued for year-round care, a new license shall be issued when the summer capacity is determined. This license shall indicate the number permitted for year-round care, as well as the number for whom summer care is authorized.

BH-105.85 SDSW ISSUANCE OF LICENSE - INSPECTION AGENCY

BH-105.85

BH-105.90 DENIAL OF LICENSE

BH-105.90

BH-105.91 LICENSING AGENCY

BH-105.91

When it is necessary to recommend denial of an application, this action shall be carefully discussed with the applicant and if any children or aged guests are living in the home, a plan and date for the discontinuance of care shall be agreed upon.

A written notice of denial shall be sent to the applicant by registered mail. The reasons for denial shall be clearly stated in this letter.

Whenever it is known that children or aged persons living in the home have been placed by or through public or private welfare agencies (e.g., county welfare department; probation department; California Youth Authority, Catholic Welfare Bureau, etc.), notification of the plan to deny a license shall be given to the agency concerned.

CALIFORNIA-SDSW-MANUAL- BH

Issue No. 10-9

Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

LICENSING PROCESS

BH-106

BH-105.93 INSPECTION AGENCY

BH-105.93

When it is necessary to recommend denial of an application, this action shall be carefully discussed with the applicant in the manner required for a licensing agency. (See Sec. BH-105.91.) The agency shall then notify the SDSW of its recommendation of denial.

BH-106 OPERATION WITHOUT A LICENSE

BH-106

Continued care of children or aged persons without a license, and continued refusal to file an application shall be followed by referral to the district attorney for action.

Such referral shall also be made when care is continued after the withdrawal or denial of an application.

The letter of referral to the district attorney shall include:

1. The date of denial, withdrawal or refusal to file an application.
2. A statement of the reasons for denial or of the reasons given for withdrawal or refusal to file an application.
3. A request for action under W&IC Sec. 1630 or 2310.

When denial is based on a lack of fire safety clearance, the letter of referral to the district attorney shall also contain a report of the fire official's findings. A copy of the referral to the district attorney shall also be sent to the local fire department or the State Fire Marshal.

In all instances, the agency shall keep the district attorney informed of any subsequent adjustment which might make further action unnecessary, or any development which will require additional action on his part.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-107 LICENSING PROCESS Regulations

BH-107 SUPERVISION OF LICENSED HOMES BH-107

BH-107.20 CARE OF PERSONS NOT PERMITTED UNDER TERMS OF LICENSE BH-107.20

Any indication that licensing jurisdiction may be affected by the physical or mental characteristics of the foster children or aged persons accepted for care, the services provided or the future plans of the licensee, shall be promptly explored.

In the absence of any intent to provide care not within the jurisdiction of the accredited agency, the licensee shall be requested to discharge any children or aged persons whose care cannot be permitted under the current license.

When the licensee wishes to continue the care of individuals whose physical or mental condition appears to remove the home from the jurisdiction of the accredited agency, or plans to provide care clearly within the jurisdiction of another agency, all procedures required for a new applicant shall be followed. (See Secs. BH-103 through BH-103.40.)

A current license shall remain in effect pending notification that jurisdiction has been accepted by a state agency. If a license is issued by a state agency the accredited licensing agency (or the SDSW for an inspection agency) shall include in the required letter of notification to the licensee (see Sec. BH-103), a request for return of the license and shall report the license cancelled.

BH-107.30 CHANGE IN TERMS OF LICENSE BH-107.30

BH-107.31 CHANGE IN CLASSIFICATION OF CARE RENDERED BH-107.31

On receipt of written or verbal request for a change in the type of child care (i.e., day care, parent-child care or 24-hour care) authorized by a current license, a new license shall be issued when the agency has determined that the requirements for the new type of care are met.

BH-107.33 CHANGE IN LICENSED CAPACITY BH-107.33

A new license permitting an increase in the number of children or aged guests shall be issued only after there is assurance that the boarding home can give adequate care to a larger number.

If investigation indicates that the licensed capacity of the home should be reduced, the licensee shall be requested to return the current license, and a new license for the reduced capacity, issued.

Refusal to return a license may constitute cause for revocation proceedings.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations LICENSING PROCESS BH-107.45

BH-107.35 OTHER CHANGES IN TERMS OF LICENSE BH-107.35

1. Licensing Agency

When a new application is not required, a new license shall be issued to effect other appropriate changes in the terms of an unexpired license (e.g., changes in the age range or sex of children to be accepted for care; addition or removal of the names of individuals whose care requires special permission, and addition or removal of other limitations).

2. Inspection Agency

When an amendment of license is indicated (see Secs. BH-107.31 and BH-107.33), the appropriate recommendation shall be sent to the SDSW.

BH-107.40 TERMINATION OF LICENSE BH-107.40

BH-107.41 VOLUNTARY DISCONTINUANCE OF LICENSE BH-107.41

If a licensee decides to discontinue the care of foster children or aged persons, the agency shall request that the license be returned.

BH-107.43 CHANGE OF LOCATION BH-107.43

If the licensee moves to a new address, he shall be notified that his license is cancelled, requested to return his current license and advised that a new application is required if foster children or aged persons are to be cared for at another address. If the present whereabouts of the licensee are unknown, this letter shall be sent to his last known address.

BH-107.45 CHANGE OF OPERATOR BH-107.45

If the licensee sells, leases or rents the boarding home to another person, he shall be notified that the license is cancelled and requested to return his license. If the new occupant plans to use the home for the care of children or aged persons, he shall also be notified of the necessity of filing an application for license.

Upon receipt of notification of a plan to sell a building in which a home for the aged has been conducted, the agency shall notify the licensee that his license will be cancelled by transfer of ownership of the property, and shall request further notification of consummation of the sale.

Upon receipt of notification of the sale or upon learning of a transfer of ownership or lease to another party, the agency shall notify the potential new operator of his responsibility to obtain a license before engaging in care of the aged.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-108	LICENSING PROCESS	Regulations
BH-108	RENEWAL OF LICENSE	BH-108
BH-108.10	AGENCY RESPONSIBILITY FOR RENEWAL	BH-108.10
The accredited agency shall maintain a control file in order that each case will automatically come to attention at least 30 days before the expiration of the license. Each licensee shall be requested to file a renewal application (Form BHC 11 or BHA 11.1).		
BH-108.20	STUDY OF RENEWAL APPLICATION	BH-108.20
On receipt of a renewal application, a renewal study shall be completed as soon as administratively possible.		
BH-108.21	CONTENT OF RENEWAL STUDY	BH-108.21
The renewal study shall include: 1. At least one visit to the applicants' home unless a home call has been made within a reasonable period prior to the filing of a renewal application or expiration of license. 2. A review of the register (Form BHC 50 or BHA 50) showing the children or aged persons under care during the past year to determine compliance with the requirements concerning (a) the maintenance of a register and (b) adherence to the limitations of the last license. 3. A review of the X-ray reports on file in the home to determine whether all necessary reports have been obtained during the last 12 months. 4. Any clearances required to determine continued conformity with state laws and regulations relating to housing, fire safety and sanitation. (See Sec. BH-107.35.) 5. Any necessary verification that other standards are currently met. 6. Evaluation of the home in terms of service to the children or aged guests who have been placed there. This evaluation shall be based on information gathered by the licensing agency during supervision of the home in the past year, as well as on impressions received during the renewal visit. Whenever readily available, it shall also include information from agencies or individuals who have used the home during the past year. 7. Recording of the evaluation, as well as the information on which it is based.		
CALIFORNIA-SDSW-MANUAL-BH	Issue No. 10-13	Effective 11/1/58

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**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

Regulations	LICENSING PROCESS	BH-108.26
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BH-108.22 CLEARANCES ON LICENSE RENEWALS		BH-108.22
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Fire safety inspection shall be requested and clearances received for any home falling within the classifications listed in Sec. BH-105.51.

See Secs. BH-105.52 and BH-105.53 for other inspections which may be necessary.

BH-108.24 WITHDRAWAL OF RENEWAL APPLICATION		BH-108.24
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All procedures relating to the withdrawal of a new application shall be followed for withdrawal of a renewal application. (See Sec. BH-105.70.)

BH-108.25 ISSUANCE OF RENEWAL LICENSE		BH-108.25
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When the requirements for license are met, a renewal license shall be issued in the manner described for an initial license. (See Secs. BH-105.80 through BH-105.83.)

BH-108.26 MODIFICATION OR DENIAL OF RENEWAL LICENSE		BH-108.26
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1. Basis for Modification or Denial

A renewal license shall be denied when any of the following conditions are found during a renewal study:

- a. Evidence of mistreatment or neglect of children or aged persons (either physical or emotional) which the licensee is unable or unwilling to correct.
- b. Serious life or health hazard in the home which the licensee has been instructed to correct and which he refused, failed or found it impossible to correct within a reasonable period of time.
- c. Persistent violation of the terms of the license.
- d. Other serious violations of the standards.

When it is necessary to recommend denial of a renewal application, all procedures required in the denial of an initial application shall be completed. In addition, the letter of notification shall inform the applicant of his right of appeal and of the 30 day time limit for filing an appeal.

2. Right of Appeal

On receipt of an appeal from a denial or modification of a renewal license, the accredited agency shall immediately notify the Area Office of the SDSW in writing, giving the name and address of the licensee and all pertinent information including licensing history, the basis for denial or modification of the license and a summary of the agency's efforts to correct the situation.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-108.27

LICENSING PROCESS

Regulations

BH-108.27 REVOCATION OF LICENSE

BH-108.27

Any of the causes for denial of a renewal application shall constitute cause for the revocation of license when discovered during the effective period of a license.

If the accredited agency determines that there is cause to revoke a license, it shall immediately notify the Area Office of the SDSW in writing. Such notification shall include the name and address of the licensee, the cause for revocation, the licensing history, a summary of the agency's effort to correct the situation and any other pertinent information.

Following revocation of license, the agency shall determine that the home is not caring for children or aged. (See Sec. BH-106.)

If the home continues to operate after revocation of license, the licensing agency (the SDSW for inspection agencies) shall refer the matter in writing to the district attorney.

BH-108.28 EXPIRATION WITHOUT REAPPLICATION

BH-108.28

If application for a renewal license is not received prior to expiration of the previous license, the case shall not be closed until it is known that there are no children or aged persons living in the home.

If foster children or aged guests are in the home, the provisions of the law relating to operation without a license shall be called to the attention of the former licensee and opportunity given to file an application. If an application is not filed or care discontinued, the situation shall be referred to the district attorney for action. (See Sec. BH-106.)

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CALIFORNIA-SDSW-MANUAL-BH

Issue No. 10-15

Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations STANDARDS FOR BOARDING HOMES FOR AGED BH-111.23

BH-110 GENERAL REQUIREMENTS BH-110

Boarding homes for the aged shall provide protective care and services in a homelike setting which is safe and comfortable, and which is conducive to the happiness and personal dignity of aged residents.

BH-111 HOUSEHOLD MEMBERS BH-111

Care of the aged is a service which shall be undertaken only by qualified persons in households in which other family interests are not in conflict with the welfare of the aged residents.

BH-111.10 PERSONAL QUALIFICATIONS OF OWNER-MANAGER BH-111.10

1. All applicants and licensees shall be of such age and state of health as to be capable of undertaking the care of aged persons.
2. Persons caring for the aged shall be of good character and be temperamentally capable of liking older people and of understanding their motivations, fears, and desires.
3. All applicants for a license shall have a background of education, training or experience which assures their ability to provide care for aged persons.
4. Satisfactory references shall be furnished by each new applicant for a license.

BH-111.21 NUMBER OF ASSISTANTS REQUIRED BH-111.21

Employees or other household assistants shall be sufficient in number to safeguard aged residents at all times of the day or night.

There shall be a capable person in charge during the absence of the licensee who is responsible for handling any emergencies which may arise. All aspects of personal care and housekeeping routines shall be adequately performed. Enough staff shall be available to provide for guests who require a great deal of personal care.

An attendant shall be on the premises at night within call of each resident.

BH-111.23 LIMITATIONS ON EMPLOYMENT OF PAROLEES BH-111.23

Parolees placed by the State Department of Mental Hygiene shall not be employed to give personal care to residents. A parolee shall not be given responsibility for the home during the absence of the owner or other assistants.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-112

STANDARDS FOR BOARDING HOMES FOR AGED

Regulations

BH-112 FINANCES

BH-112

Every home shall have a financial plan which guarantees sufficient resources to meet operating cost at all times, and to maintain standards required by these regulations.

BH-113 SERVICES TO BE PROVIDED AND PERMITTED

BH-113

BH-113.10 PERSONS FOR WHOM CARE MAY BE GIVEN

BH-113.10

The owner shall restrict admission and care to aged persons for whom fire safety exists, who do not require professional nursing service from the home because of a physical or mental condition.

Persons with mild symptoms, such as confusion, loss of memory or disorientation may be admitted if the home is equipped to provide the degree of personal care and supervision required and if such persons do not require professional nursing services.

BH-113.20 PERSONS FOR WHOM CARE MAY NOT BE GIVEN

BH-113.20

Persons not eligible for admission or care include:

1. Persons with active communicable tuberculosis (or any other contagious or infectious disease).
2. Persons who because of convalescence or a chronic health condition, require professional nursing care including close medical supervision, daily professional observation or the exercise of professional judgment from the home.
3. Persons physically incapable of leaving the building without assistance in an emergency unless the building has been approved for nonambulatory persons by the appropriate fire official.
4. Persons requiring any kind of restraint or confinement in locked quarters for their own protection, or that of others.
5. Persons subject to attacks of epilepsy which is not medically controlled.
6. Persons who require treatment for addiction to alcohol or drugs, who require treatment or special care for mental illness or mental deficiency.
7. Persons mentally incapable of leaving the building unassisted, unless the building has been approved by the appropriate fire official for such nonambulatory persons.

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CALIFORNIA-SDSW-MANUAL-BH

Issue No. 11-3

Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations STANDARDS FOR BOARDING HOMES FOR AGED BH-113.62

BH-113.30 LIMITATIONS ON CARE OF SENILE OR CONFUSED PERSONS BH-113.30

No form of restraint shall be used in caring for any aged person. The use of any appliance to confine a resident to a bed or chair, or to deprive him of the use of arms, hands, or feet is prohibited. No aged person shall be locked into his bedroom by day or night, and windows shall not be barred or closed by any screen heavier than ordinary fly screening.

An attendant shall be available at all times to care for guests who cannot care for themselves or who may wander from the home.

Gardens or yards enclosed for safety shall be roomy, pleasant and comfortable, and appropriately equipped for outdoor use.

The home which accepts persons requiring this degree of care shall provide care and supervision.

The senile aged shall be treated with the same courtesy and respect as other residents of the home.

BH-113.60 CONTINUING CARE AND SUPERVISION BH-113.60

The manager of each boarding home shall provide the supervision and personal care necessary to safeguard the health and well being of residents at all times. When there are changes in the physical or mental condition of any resident which require additional services which the home is unable to provide or which may not legally be given, the resident shall be removed from the home.

BH-113.61 CARE DURING EMERGENCY OR ILLNESS BH-113.61

A physician shall be called at the onset of an illness or in case of accident or injury to an aged resident. Bedside care shall be provided only for conditions determined by a physician to be temporary and minor.

Residents who require prolonged nursing care or daily professional observation shall be removed from the home.

BH-113.62 ASSISTANCE WITH MEDICATION BH-113.62

Assistance with medication shall be limited to remedies usually prescribed for self-administration by the residents' physician. Drugs and medicines shall be made available only to the person for whom it has been prescribed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-113.70

STANDARDS FOR BOARDING HOMES FOR AGED

Regulations

BH-113.70 NUTRITION AND FOOD SERVICES

BH-113.70

The diet shall be nutritionally well balanced, adequate and suitable for the aged.

The manner of serving food shall be inviting and attractive.

BH-113.80 SOCIAL, RECREATIONAL AND RELIGIOUS ACTIVITIES

BH-113.80

Homes shall provide opportunity and encouragement to aged residents to participate in social, recreational and religious activities of the community in accordance with their interests and abilities.

BH-113.90 HOUSEKEEPING STANDARDS

BH-113.90

Housekeeping shall meet an acceptable standard of cleanliness, orderliness, fresh air in rooms, and absence of offensive odors.

Bath and toilet rooms must be kept clean and free from odor.

Floors must be painted or otherwise rendered nonabsorbent.

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Issue No. 11-5

Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

STANDARDS FOR BOARDING HOMES FOR AGED

BH-114.33

BH-114 BUILDINGS, GROUNDS AND EQUIPMENT

BH-114

BH-114.10 LOCATION AND GROUNDS

BH-114.10

1. The homes shall be so located that residents may participate in the religious, social and recreational life of the community.
2. There shall be yard space which is easily accessible and protected from traffic. An enclosed garden shall not appear to be a pen or a prison.

BH-114.20 GENERAL BUILDING REQUIREMENTS

BH-114.20

1. Buildings shall conform with applicable state laws and regulations with respect to housing, fire safety and sanitation.
2. Sufficient room shall be available to accommodate occupants of the home in comfort and safety.
3. The use of detached buildings shall be restricted to guests who are mentally and physically active.

BH-114.30 SAFETY REQUIREMENTS

BH-114.30

Each home must be free from life or health hazards.

BH-114.31 GENERAL PRECAUTIONS

BH-114.31

Care shall be taken to guard residents from injury due to slippery rugs, or floors, unguarded stairs, improperly guarded heaters, etc. Stairways, inclines, ramps, open porches and fire exits must have hand railings and must be well lighted. Special facilities shall be provided for the safety and guidance of the blind.

The master key to all rooms which may be locked by guests on the inside shall be kept where it is available to operator and assistants in an emergency.

BH-114.32 HEATING EQUIPMENT

BH-114.32

Heating equipment used to provide warmth required by aged persons shall be safe. Gas heaters must be vented and installed with rigid pipe connections. Fire places and open faced heaters must have screens.

BH-114.33 FIRE SAFETY

BH-114.33

Homes for which a fire clearance is required shall comply with instructions of fire safety inspectors.

No aged guest shall be housed above the second floor of any building without approval of the fire safety inspector.

CALIFORNIA-SDSW-MANUAL-BH

Issue No. 11-6

Effective 11/1/58

DO NOT WRITE IN THIS SPACE

Regulations

BH-114.40

BH-114.50

BH-114.51

BH-114.53

BH-114,54

BH-115

Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations STANDARDS FOR BOARDING HOMES FOR CHILDREN BH-120.25

BH-120 GENERAL REQUIREMENTS BH-120

BH-120.10 SERVICE TO BE PROVIDED BH-120.10

Foster parents shall provide protection, care and guidance of children in a safe, comfortable home setting. Day care, 24-hour care or parent-child care may be provided.

BH-120.21 FAMILY COMPOSITION BH-120.21

The presence of both a foster father and foster mother are considered necessary. This requirement may be waived under certain circumstances by the licensing agency.

BH-120.22 PERSONAL QUALIFICATIONS BH-120.22

Both the foster mother and foster father must be of suitable age, education and temperament to care for children and actively interested in their development.

BH-120.23 HOME LIFE BH-120.23

The home life of the foster family shall be sufficiently harmonious to provide emotional security for foster children.

Each member of the foster family shall be willing to accept the foster child as a member of the family group.

BH-120.24 PHYSICAL AND MENTAL HEALTH BH-120.24

All members of the foster family, the household or employees, shall be in good health, both physically and mentally and free from defects or disabilities which would adversely affect the care of children.

The foster mother must be able to carry out the extra responsibility of a foster child without jeopardizing the development of the child, her own health or the care of her family.

BH-120.25 REFERENCES BH-120.25

Foster parents must furnish satisfactory references.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-120.26

STANDARDS FOR BOARDING HOMES FOR CHILDREN

Regulations

BH-120.26 EMPLOYMENT OF FOSTER MOTHER

BH-120.26

The foster mother shall not accept employment outside her own home which would affect adversely the care given a foster child.

BH-120.27 FAMILY INCOME

BH-120.27

In 24-hour care, the income of the foster family from employment or other resources, shall be reasonably steady and sufficient to maintain an adequate standard of living for the family, as far as essential needs are concerned.

BH-120.30 CARE AND GUIDANCE OF CHILDREN

BH-120.30

Foster families shall provide good physical care and help each child to grow and develop physically, mentally, emotionally, and spiritually at his own pace.

BH-120.31 SUPERVISION OF CHILDREN

BH-120.31

1. Foster parents must provide for adequate supervision of the children during their absence.
2. When there is an unusual absence, the foster mother shall notify immediately and if possible in advance, the agency or person responsible for the placement of the child or the licensing agency, if the person responsible cannot be located.
3. During the night and during rest periods, children must be under close supervision and within call of an adult.

BH-120.32 DISCIPLINE OF CHILDREN

BH-120.32

Discipline must be fair, reasonable and consistent and must be related to the offense.

1. Corporal punishment is not permitted, even though the child's parents may have given consent.
2. Punishment connected with functions of living such as sleeping or eating shall not be used.

BH-120.33 HOME DUTIES OF CHILDREN

BH-120.33

Children shall be required to perform only simple home duties which do not interfere with school, health, or necessary recreation.

CALIFORNIA-SDSW-MANUAL-BH

Issue No. 12-3

Effective 11/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations STANDARDS FOR BOARDING HOMES FOR CHILDREN BH-121.13

BH-120.35 RELIGIOUS TRAINING OF CHILDREN BH-120.35

1. The foster parents must respect the child's religious beliefs and observe religious holidays, diet, etc.
2. Each child shall be given opportunity to attend religious services and activities of his faith or that of his parents. If this is not possible, the religious training offered must be approved by the child's parents or by the person responsible for placement.

BH-120.36 SOCIAL AND RECREATIONAL ACTIVITIES OF CHILDREN BH-120.36

The foster parents shall make it possible for each child to participate in the social and recreational life of the community.

BH-121 FOOD AND HEALTH BH-121

Meals must be served regularly and the diet shall be nutritionally well balanced, adequate and suitable for the age of each child. Formulae for infants must be prescribed by a physician and followed carefully.

BH-121.12 MILK BH-121.12

Milk shall be from a source tested and found free from tuberculosis and undulant fever and shall be home pasteurized, if other than commercially pasturized milk is used.

BH-121.13 HOME CANNED FOODS BH-121.13

All home canned foods shall be processed in accordance with acceptable procedures for canning of food.

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CALIFORNIA-SDSW-MANUAL-BH Issue No. 12-4 Effective 11/1/58

Regulations

BH-121.25

BH-121-26

BH-121.27

BH-122

BH-122.10

BH-122.20

- BH-122.30

- Effective 11/1/58

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

Regulations STANDARDS FOR BOARDING HOMES FOR CHILDREN BH-122.70

BH-122.40 SPACE AND FURNISHINGS BH-122.40

1. Foster homes shall have sufficient space to accomodate children in a comfortable and sanitary way.
2. Rooms must be comfortably furnished.
3. Provision must be made for adequate care of children's clothing and personal belongings.
4. Care and protection of food must be adequate.

BH-122.50 SAFETY REQUIREMENTS BH-122.50

Each foster home must be free from life or health hazards.

1. Fireplaces and open-faced heaters shall be protected by screens, and gas heaters must be vented and installed with permanent connections and protectors.
2. Children shall be protected from home accidents which might result from unguarded stairs, fish ponds, swimming pools, etc.
3. Pads shall be placed under small rugs to prevent slipping.
4. Electrical appliances must be kept in good order.
5. Disinfectants, cleaning solution and poisons shall be stored where children do not have access to them.
6. Brooms, mops and boxes for children's toys must be adequately stored when not in use.

BH-122.60 HOUSEKEEPING STANDARDS BH-122.60

Foster homes shall be clean, reasonably orderly and shall have a home-like atmosphere.

BH-122.70 SLEEPING ACCOMMODATIONS BH-122.70

No foster child shall sleep in a detached building, unfinished attic, basement, stairhall, or room commonly used for other than bedroom purposes, and an own child shall not be displaced and made to occupy such sleeping quarters because of the presence of a foster child.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-122.71

STANDARDS FOR BOARDING HOMES FOR CHILDREN

Regulations

BH-122.71 BEDROOMS

BH-122.71

Bedrooms shall provide privacy, be adequately ventilated and located within call of an adult.

1. Size

A bedroom occupied by one child shall have 630 cubic feet of air space and 16 square feet of window space; a bedroom for two shall have 810 cubic feet of air space and window space equal to half the floor area, but not less than 16 square feet. In a bedroom for three or more, there shall be an additional 500 cubic feet per person.

2. Sharing

Children of opposite sex over five years of age shall not share a bedroom, and children over one year of age shall not sleep in the same room with an adult.

BH-122.72 BEDS - 24-HOUR CARE

BH-122.72

Children shall have individual beds which shall be three feet or more apart. Each bed shall have a good spring, a clean comfortable mattress and adequate bedding. For infants and bed wetters, rubber sheeting or a satisfactory substitute shall be provided.

1. Double Beds

Two brothers or two sisters of suitable age are permitted to occupy a double bed only for a temporary period under emergency conditions when special permission is given by the licensing agency.

2. Bunk Beds

Bunk beds with more than two tiers shall not be used.

Two-tier bunk beds shall be allowed only when:

- a. Children under eight years of age do not occupy the upper bunk, and
- b. Beds are constructed to offer comfort, sanitation and convenience, and
- c. There is sufficient ventilation.

CALIFORNIA-SDSW-MANUAL-BH

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Regulations STANDARDS FOR BOARDING HOMES FOR CHILDREN BH-124.10

BH-123.10 SPECIAL REQUIREMENTS FOR DAY CARE BH-123.10

Individual cots or beds shall be provided for rest periods and shall be at least three feet apart. Beds used by members of the household shall not be used by children for rest periods except when:

1. Special permission is given by the licensing agency, and
2. Clean covers are placed over the full length and width of the beds.

BH-123.20 FOSTER HOMES WITH EXPANDED SUMMER PROGRAM BH-123.20

1. Planned activities shall be provided for the children during the summer and the foster mother shall have adequate assistance for care of the children and housekeeping activities.
2. Boating and swimming activities must be supervised by a person trained in American Red Cross life saving course or the equivalent.
3. An expanded summer program shall not be allowed to affect adversely the adequacy of care for children accepted for year round care.

BH-123.30 ADVERTISING BH-123.30

Foster parents shall not advertise care for children until a license has been granted.

BH-124 LIMITATIONS OF FOSTER CARE LICENSE BH-124

Foster parents must keep within the limits of the license which specifies the number, sex, age of the children, type of care and other limitations.

BH-124.10 LIMITATIONS ON TYPE OF CARE BH-124.10

Foster parents shall provide only one type of care; that is, either 24-hour care, day care or parent-child care. There must not be care of aged persons, adult roomers or boarders, parents in residence with their children, in addition to the type of child care specified by the license. Exceptions to this rule will be made by the licensing agency only in unusual circumstances.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

BH-124.20

STANDARDS FOR BOARDING HOMES FOR CHILDREN

Regulations

BH-124.20 LIMITATION ON NUMBER OF CHILDREN

BH-124.20

1. The number of children in the home under 16 years of age, including the children of the foster family, shall not exceed 6, except with special approval of the licensing agency.
2. Licenses for day care and 24-hour care will be issued for more than 6 children only when housing is adequate and the foster mother unusually capable. Under no circumstances will the license authorize the care of more than 15 children for 24-hour care, 10 for day care, and 6 for parent-child care.

BH-124.21 LIMITATION ON NUMBER OF INFANTS

BH-124.21

The number of infants under 2 years of age, including infants of the foster family must be strictly limited.

1. More than 2 infants or other children in addition to the infants, shall be permitted only if there is regular and adequate assistance with either the care of the children or with household duties.
2. No more than 4 infants shall be permitted except under unusual circumstances and with special approval of the licensing agency.

BH-124.31 AGE AND SEX

BH-124.31

The age and sex of the children the foster parents are permitted to accept is determined by the type of sleeping quarters available, capabilities of foster parents and other conditions affecting the safety and welfare of the children.

BH-124.33 MENTALLY RETARDED CHILDREN

BH-124.33

Foster homes shall not accept children who are mentally retarded.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

AD-114.2

ADOPTION AGENCIES
LICENSING

Regulations

AD-114.2 THE APPLICATION

AD-114.2

- A. Application from a public agency must be signed by the chairman of the board of supervisors, and a copy of the resolution of the motion of the board authorizing the chairman to sign the application and to enter into the necessary agreement with the SDSW must be attached.
- B. Application from a private agency must be signed by the presiding officer of the board of directors and the executive officer of the agency, if selected, or a second officer of the board of directors if the executive officer has not yet been appointed. A copy of the board authorization to its representative to apply for such a license must accompany it.
- C. Application must be accompanied by:
1. A written plan of operation in duplicate, covering the following:
 - (a) Statement of program goals and description of services.
 - (b) Administrative organization - narrative and chart of total agency.
 - (c) Personnel - number, qualifications, and duties.
 - (d) Physical facilities and office arrangement - diagrams.
 - (e) Forms and clerical system - samples.
 - (f) Budget and financing, by item.
 2. Statement of facts on which need for service was determined and plans for coordination with other community welfare services.
 3. List of membership of governing board and any advisory committee showing length of term and interest or qualifications on which selection was based and indicating which persons serve as officers and in which position.
 4. For the private agency, a copy of its constitution and by-laws and, if it is incorporated, a copy of the Articles of Incorporation.
 5. For public agency maternity care program, see Section AD 119.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

AD-119

ADOPTION AGENCIES
LICENSING

Regulations

AD-119 MATERNITY CARE PLAN

AD-119

The maternity care program for the unmarried mother shall be based upon a written plan submitted by the county adoption agency and shall be used as a resource to supplement other medical plans as well as the mother's personal resources. (See Regulation Sec. AD-222.20.)

AD-119.1 COUNTY ADOPTION AGENCY AGREEMENTS - MATERNITY CARE PROGRAM

AD-119.1

If a county adoption agency makes a plan for maternity care for the unmarried mother, it shall enter into an agreement with a licensed physician and surgeon, a licensed private hospital, or both for the care of the expectant unmarried mother who is financially unable to provide for her own care.

AD-119.2 TO WHOM PAYMENT IS MADE

AD-119.2

Payment for the unmarried mother's maternity care shall be made directly to the physician, private hospital, clinic, or medical facility. (See Fiscal Manual Sec. F-925.)

AD-119.3 PERIOD FOR WHICH PAYMENT CAN BE MADE

AD-119.3

The county adoption agency shall pay only for the maternity care given to the unmarried mother from the time of acceptance, and during the time adoption is being considered as a plan. The agency shall notify both the doctor and the hospital if the adoption plan is terminated. (See Fiscal Manual Sec. F-925.)

AD-119.4 REPAYMENT OF MATERNITY CARE

AD-119.4

Even though the mother decides not to relinquish her child to the agency, she will not be held liable for repayment of her maternity care.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

AD-222 SERVICES - NATURAL PARENTS

AD-222

The agency shall provide adequate services to natural parents, including case work service and referral to other agencies when indicated, and shall see that help is given to parents in making the best plan for the child and themselves.

AD-222.10 REQUIRED STUDY - NATURAL PARENTS

AD-222.10

The agency shall make a study of the natural parents relinquishing a child for adoption. The study shall include identification, personality and temperament, background information, religion and religious preference for the child, health, marriages, other children and other relevant data which will be helpful in planning for the child.

The agency shall verify marriages and dissolution of marriages including the marriage of parent or parents at time of child's birth; previous marriages of mother, and termination of each by death, divorce or annulment; first marriage of mother subsequent to child's birth.

Medical reports shall be secured; the report from the obstetrician should include a blood test for syphilis and a statement regarding any complications of pregnancy or birth.

AD-222.20 MATERNITY CARE PROGRAM

AD-222.20

The maternity care program shall be used to help the expectant unmarried mother with private medical and hospital care when she is financially unable to pay for this care, and when the use of public medical or other services is not indicated.

AD-222.21 DEFINITION OF UNMARRIED MOTHER

AD-222.21

For purposes of receiving maternity care, a mother shall be unmarried at the time of acceptance.

AD-222.23 RESOURCES AVAILABLE TO THE UNMARRIED MOTHER

AD-222.23

In determining financial need the mother's resources shall be discussed and evaluated with her.

AD-222.24 LEGAL RESIDENCE

AD-222.24

Legal residence shall not be a requisite for financial aid.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The following actions are designated to become effective November 1, 1958:

Section B-311, Responsibility for Assisting Applicants and Recipients ANB-APSB is repealed.

Chapters I through XII of the existing Boarding Home Manual is amended and replaced by the following new chapters:

- Chapter I - General Provisions and Definitions
- Chapter 01 - Delegation to Local Agencies
- Chapter 02 - Records and Reports
- Chapter 10 - Licensing Process
- Chapter 11 - Standards for Boarding Homes for Aged
- Chapter 12 - Standards for Boarding Homes for Children

Chapter XIV, Life Care Contracts is repealed.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-520

GOVERNMENTAL PARTICIPATION

Fiscal

F-520

FEDERAL PARTICIPATION IN AID PAYMENTS

F-520

The Federal Government participates in most, but not all, of the OAS, ANB, ANC, and ATD payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS, and ANB there is no federal participation in:

1. Any payment made to or for a patient who is confined to any private institution maintained for the purpose of treating persons suffering from TB or mental disease. Therefore, federal participation is not available in payments to or for recipients in:
 - a. Institutions licensed by the State Department of Mental Hygiene to care for the mentally ill (this exclusion does not apply to payments made to recipients on leave of absence from a state hospital but living in their own homes or in substitute family care homes certified by the State Department of Mental Hygiene).
 - b. Private tuberculosis institutions licensed by the State Department of Public Health.

Likewise, there is no federal participation in payments made to or for patients cared for in other types of private institutions if there is a diagnosis of tuberculosis or psychosis. If federal participation is in order on the first day of the month, the federal government participates in the payment for the full month although the recipient may be admitted to a tuberculosis or mental hospital or institution during the month. (See Manual of Policies and Procedures - OAS, ANB and ATD.)

2. Any payment made to a guardian who is an employee of the State Department of Mental Hygiene.

In OAS, ANB, and ATD there is no federal participation in any payment authorized after death of the recipient (See Sec. F 310-B.2).

In ANC there is no federal participation in any payment made:

1. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Sec. F-525-A.)
2. For a caretaker who does not come within the definition of a needy relative. (See Sec. F-525-E.)
3. To a payee who does not have the required degree of relationship to the child. (See Sec. F-525-C.)
4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-141 of the Manual of Policies and Procedures - ANC.
5. Which, in a mismanagement case, includes an amount for fewer than two budget items, is controlled, or is made in kind. (See Sec. F-360 and Sec. C-222.50 of the Manual of Policies and Procedures - ANC.)

In APSB, there is no federal participation.

(Section Continued on Next Page)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal

ADMINISTRATIVE EXPENDITURES

F-810

F-800 GOVERNMENTAL PARTICIPATION IN COUNTY ADMINISTRATIVE EXPENDITURES

F-800

Expenditures incurred by the counties in administration of the welfare programs are shared by Federal, State, and County Governments as follows:

A. FEDERAL PARTICIPATION

The Federal Government matches, through the SDSW on a 50% basis, all claimable expenditures incurred in administration of the categorical aid programs covered by the Social Security Act--namely, Old Age Security, Aid to Needy Blind, Aid to Needy Children, and Aid to Disabled. Expenditures incurred in APSB and in ANC for children in boarding homes and institutions, as well as expenditures for OAS, ANB and ATD recipients ineligible to federal participation, are not matchable from federal funds.

B. STATE PARTICIPATION

The State Government participates in certain expenditures incurred in the following programs:

1. Aged and Children's Boarding Home Licensing and Inspection by agencies accredited by the SDSW.
2. The adoption program, which consists of:
 - a. Agency and Independent Adoptions
 - b. Maternity Care for Unmarried Mothers

Participation limitations are specified in the yearly budgets approved by the SDSW.

3. The Child Welfare Services program. The state reimburses the counties on a contract basis from funds provided by the U.S. Children's Bureau.

C. COUNTY PARTICIPATION

There is no federal or state participation in certain welfare programs administered by the counties, including General Relief, other county welfare programs, and extraneous activities. The county bears the full costs of administering these programs as well as that portion of the costs of the federal and state programs not reimbursable from federal or state funds.

(W&IC 1622, 2302; CC 225q; FSSA)

F-810 REPORTING OF ADMINISTRATIVE EXPENDITURES

F-810

A. DEFINITION OF CLAIMABLE EXPENDITURES

Claimable administrative expenditures are defined as those which are necessary for proper and efficient administration of the program(s) involved; have been expended by county; are included within the scope of administrative expenditures set forth in this chapter; if specifically required herein, have received prior written approval of SDSW; and are claimed within the time limits set forth in Item B of this section.

(Section Continued on Next Page)

CALIFORNIA-SDSW-MANUAL- FISCAL Rev. 514 replaces Rev. 418

Effective 11/1/58

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

F-810

ADMINISTRATIVE EXPENDITURES

Fiscal

F-810 (Continued)

F-810

Written approval from SDSW is required prior to claiming reimbursement of expenditures not disbursed from the welfare appropriation, but from appropriations of other agencies of county government.

Written approval from SDSW is required prior to claiming reimbursement of certain expenditures made from welfare appropriations including such items as:

1. Depreciation and Maintenance of Publicly Owned Space. (F-871-C)
2. Building Alterations and Improvements. (F-871-D)
3. Purchase or Construction of Buildings and/or Parking Facilities.
(F-871-E and F. Special reference is made to the second paragraph of F-871-E which requires joint planning with SDSW.)
4. Motor Pool Costs. (F-872-D)
5. Retirement Contribution. (F-873)
6. Workmen's Compensation Plans. (F-874)
7. Expenditures for Surveys or Audits by Private or State Agencies.
(F-877. Special reference is made to the last paragraph of Section F-877 which requires SDSW approval prior to the initiation of the survey or audit.)
8. County Civil Service Commission. (F-883)
9. County Welfare Commission. (F-884)

Reporting of administrative expenditures on claims to the state shall be effected by the cash flow method, i.e., upon the basis of bills paid during the month of claim irrespective of the month(s) which received the benefit of the expenditures. Reporting of amounts based upon budget encumbrance or obligation incurred does not comply with the requirements in claiming reimbursement from federal and state funds, inasmuch as such methods reflect estimates, rather than actual expenditures.

B. TIMELY REPORTING

While administrative expenditures are to be reported on the claim for the month in which disbursed, items erroneously omitted from any monthly claim will be allowed provided claim is made not later than the last month of the calendar quarter one year from date of disbursement.

Items of expenditures made on behalf of a function or activity requiring a special plan and which were not previously claimed by a county may be claimed retroactively only to the beginning of the calendar quarter in which such expenditures were initially claimed or, if prior approval by SDSW is required, only from the beginning of the quarter in which the required plan is submitted in writing to the SDSW. Such a plan, to be effective for a particular quarter, shall be submitted not less than 45 days prior to the end of that quarter. (Section Continued on Next Page)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Fiscal	ADMINISTRATIVE EXPENDITURES	F-810
F-810 (Continued)		F-810

C. REPORTING OF ABATEMENTS

All refunds received by the county pertaining to expenditures previously reported to the state are to be credited on a current claim as received. These include refunds of medical or legal fees, tax rebates, and any credits to the welfare appropriation resulting from services performed by the welfare department for other agencies of county government. Sales of property previously claimed shall be reported on a current claim in the amount realized from the sale. Transfers of property to other agencies of county government, if previously claimed, shall be abated according to the reasonable value of such property at the time of transfer. The reasonable value of automotive equipment so transferred is the current Blue Book value. (See Sec. F-872, Item A.)

W&IC 1641 provides that abatement will be made to administrative expenditures for fees collected, from adoptive parents, up to \$300 pursuant to Section 225p of the Civil Code. Civil Code 225p provides that fees up to \$400 may be collected from adoptive parents. If any fee collected exceeds \$300, the amounts in excess of \$300 shall be remitted to the SDSW for deposit in the Special Deposit Fund and the \$300 is to be abated against administrative expenditures. See Sections F-850, F-890 and F-930.

D. CLASSIFICATION OF EXPENDITURES

Administrative Expenditures are segregated on the claim according to the following classifications:

1. Salaries and Wages (S & W)

Include all salaries and wages paid to welfare department employees including doctors and medical or dental consultants whose office is located in the welfare building (whether full or part time salaries).

After distribution of joint and overall salaries and wages list fees paid to doctors and medical or dental consultants not housed by the welfare department or whose salaries are paid from other than welfare appropriations. List also fees paid for personal services such as blind eye examinations and examinations to determine adoptability of children.

If salaries of janitors, groundsmen or other maintenance or custodial employees are included in the total of welfare salaries and wages (Col. 2, Line L, Form DFA 241), star the figure and show the amount of the maintenance or custodial salaries as a footnote at the bottom of Form DFA 241, using the title Janitorial and other Building Maintenance Salaries.

2. Employee Benefit Plans

Include cost of premiums or county's contribution for workmen's compensation, employee's retirement, Old Age and Survivors Insurance, unemployment compensation, health insurance, etc.

3. Travel Expense

Include all costs of transportation of employees in line of duty. This includes employees on educational leaves, consultants on temporary assignments, and members of welfare boards.

(Continued on Next Page)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-810

ADMINISTRATIVE EXPENDITURES

Fiscal

F-810 (Continued)

4. Supplies, Materials, Communications and Rental of Equipment

Include all costs for supplies, materials, communications and rental of office equipment. Maintenance repairs to office space, janitor supplies, heat, lights, power, water, etc., are to be included unless they are included in rental costs. If they are included in rental costs they are to be reported in "Rental of Office Space." Include also costs for janitorial services unless such janitorial services are included in rental costs. If included in rental costs, they are to be reported in "Rental of Office Space." If janitorial services are provided by employees of the welfare department, the salaries of those employees are to be included in "Salaries and Wages."

5. Equipment Purchase

Include the purchase cost of all equipment not classified as supplies under the provisions of individual county budgetary rules.

6. Rental of Office Space

Include all costs for rent, maintenance and service charges in lieu of rent, parking facilities and purchase or construction of buildings. Where the cost of purchasing or constructing parking facilities or buildings requires approval from SDSW for claiming the amortization rate or depreciation, such amounts will be listed separately in accordance with each approval received.

If rental rates include items of service and maintenance, utilities, maintenance repairs, janitor service, etc., they are to be reported as rent. Do no separate from the amount reported as rent.

7. Alterations and Improvements

Include only costs of alterations and improvements of an extensive nature involving structural changes or replacements requiring approval under Fiscal Manual Section F-871-D. Do not include maintenance or upkeep repairs which are to be included in Item 6 above.

8. Services of Other Governmental Agencies

Include such items as civil service and joint merit system costs, warrant writing services, and similar costs. Segregate the amounts for (a) civil service and joint merit system costs and (b) warrant writing services and other similar costs. If (b) includes more than one type of cost, list the types but do not segregate amounts.

9. Others

Include such items not specifically provided for above. For example, membership dues, costs of surveys by private agencies, California Physicians' Service contractual charges, conferences and training costs, transportation of clients; bonding, notary, vital statistics, title, witness, interpreter, and other similar fees. Show the kind of charges included in "Other" but do not segregate amounts.

(W&IC 116, FSSA)

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

F-850

ADMINISTRATIVE EXPENDITURES

Fiscal

**F-850 EXPENDITURES CHARGEABLE TO ADOPTIONS, BOARDING HOMES, AND
 CHILD WELFARE SERVICES**

F-850

The state accredits certain agencies for the administration of aged and children boarding home licensing programs. It also licenses certain agencies to administer independent and agency adoption programs. State reimbursement is available for expenditures necessary for proper and efficient administration of these programs. Reimbursement through the state is also available from U.S. Children's Bureau funds, in accordance with agreements approved by the SDSW for certain expenditures incurred in the Child Welfare Services program.

A. ADOPTIONS

Certain expenditures incurred by licensed adoption agencies in administration of the adoption program are reimbursable upon filing proper claims with the SDSW. Claims for administrative expenditures in this program shall not include expenditures defined as cost of care (see Secs. F-920 and F-925). Reimbursement is further restricted in accordance with the terms of annual budgets approved by SDSW.

Adoptive fees collected pursuant to Sec. 225 p of the Civil Code are to be reported on the Administrative Expenditure Certification as offsets against reimbursable administrative expenditures up to \$300 for any one child. Section 225p provides for fees up to \$400 per child. Fees collected up to \$300 for any one child shall be itemized on Form DFA 237, Fees Collected Pursuant to Section 225p of the Civil Code, for the month in which such amounts are received by the county. Fees collected for any one child in excess of \$300 per child shall be remitted by warrant to SDSW once each month and itemized on Form DFA 253, Statement of Adoption Fees Collected Pursuant to Section 1642.5 of the Welfare and Institutions Code.

1. Method of Claiming

Prior to the issuance or renewal of a license by the SDSW, an agreement must be reached between the licensed adoption agency and the SDSW with respect to the sums which may be claimed during the fiscal year. The amounts will be budgeted as:

Salaries and Wages,
 Retirement and other Employee Benefit Plans,
 Medical Examination Expense,
 Maintenance and Operation, and
 Equipment Purchases

The letter transmitting the budget contains a statement of limitations applicable to position counts, major objects of expense and amounts by fiscal quarter. The amounts so budgeted will be a limitation, within each group, on reimbursement to the agency during the fiscal year. Budgeted amounts are determined generally as follows:

(Continued)

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Fiscal

ADMINISTRATIVE EXPENDITURES

F-850

F-850

(Continued)

F-850

Salaries and Wages:

Workload multiplied by Professional, Supervisory and Clerical yardsticks.

Retirement and other Employee Benefit Plans:

Rates multiplied by budgeted salaries or approved positions whichever applies.

Medical Examination Expense:

Anticipated number of children accepted for study multiplied by \$10.00.

Maintenance and Operation:

Prior years experience modified by anticipated needs.

Equipment Purchase:

Standard needs for each position budgeted modified by normal replacement of obsolete or worn-out equipment.

Upon request by the county with supporting information, SDSW may modify the budgeted amounts subsequent to the issuance of the approved budget. In such cases an amended budget will be issued.

Inasmuch as welfare administrative expenditures are classified under eleven different headings, for purposes of applying costs to the five adoption budget classifications the following applies:

- a. Salaries and Wages shall include only salary charges to the adoption program. Professional fees included in salaries and wages for medical, dental, psychological or psychiatric examinations will be classed under Item c, below.
- b. Retirement and other Employee Benefit Plans include those costs to the Adoption programs classified in Section F-810-D, Item 2.
- c. Medical Examination Expense includes those professional fees charged to adoptions for medical, dental, psychological or psychiatric examinations made to determine whether particular children are suitable for placement but shall not include such costs as shots, prescriptions, and other treatment procedures.
- d. Maintenance and Operation costs include costs classified in Section F-810-D, Items 3, 4, 6, 7, 8, 9, 10 and 11 and certain special needs for the adoption program. Special needs include such items as layettes or other clothing, bedding, etc., which are not assigned to a particular child but are used repeatedly for children relinquished generally.
- e. Equipment Purchase includes those costs to the adoption program classified in Section F-810-D, Item 5.

2. Records to be Maintained by Agency

Licensed adoption agencies shall maintain such records and accounts as are necessary to substantiate the correctness of claims for administrative expenditures filed with the SDSW. Such records shall be made readily available for state review and audit.

(Section Continued on Next Page)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-924

STATE SUBVENTION

Fiscal

F-924

ALLOCATION OF SPECIAL DEPOSIT TRUST FUND FOR MATERNITY CARE

F-924

Funds for maternity care will be allocated only to counties maintaining a licensed county adoption agency. Funds will not be advanced to counties. Distribution of monies in the Special Deposit Fund will be made only through reimbursement of claims.

A. METHOD OF ALLOCATION

The State Department of Social Welfare will estimate the amount of funds to be available and the amount to be allocated to each county. The allocation will be based upon an estimate of the number of children accepted and funds available from fees collected for the purpose of providing maternity care.

B. NOTIFICATION OF ALLOCATION

The State Department of Social Welfare will notify each county maintaining a licensed adoption agency, before the start of each fiscal year, of the amount which will be made available for payment of costs of maternity care. This amount will constitute the maximum which will be reimbursed by the State unless approval is granted by the State to exceed the annual allocation.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Fiscal

STATE SUBVENTION

F-925

F-925

CLAIMS FOR REIMBURSEMENT OF MATERNITY CARE COSTS UNDER
W&IC 1642.6

F-925

Reimbursement from the Special Deposit Fund (W&IC 1642.5) is available to each county maintaining a licensed county adoption agency for costs incurred after January 1, 1959, in giving prenatal care, delivery and postnatal care including hospitalization for any unmarried mother accepted for service under the provisions of W&IC 1642. Claims for reimbursement will be accepted only from those counties maintaining a licensed county adoption agency which have a plan for maternity care.

A. CLAIMABLE COSTS

Claimable costs include those costs directly attributable to the maternity care furnished. The cost of the mother's care during the normal three to five-day period of hospitalization includes the baby's care. Only costs for those unmarried mothers accepted for service and meeting the requirements of Adoption Secs. AD-222.21 through AD-222.23 are claimable for reimbursement.

Claimable costs shall not include any costs incurred prior to the date the mother was accepted for service nor any costs incurred after termination of service.

B. METHOD OF PAYMENT

Payment shall be made by county warrant payable to the vendor of the service in accordance with the agreement with the physician or licensed hospital. No payment shall be made directly to the unmarried mother.

C. METHOD OF CLAIMING

Quarterly claims shall be filed on Forms AD 800 M (in triplicate), AD 801 M (in duplicate) and shall be forwarded to the SDSW by the 8th working day of the month following the end of the quarter.

Claims shall include all cases and expenditures for which full payment has been made within the quarter.

Each item of cost shall be listed on Form AD 801 M opposite the name of the mother receiving the service including the warrant number, date, and period during which services were rendered.

If an item of expenditure was inadvertently omitted, the claim will be allowed in a subsequent quarter upon submission of a separate claim which identifies the quarter for which claim should have been made.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-930

STATE SUBVENTION

Fiscal

F-930 REMITTANCE OF FEES COLLECTED FROM ADOPTIVE PARENTS FOR PAYMENT OF CLAIMS F-930
UNDER W&IC 1642

Section 225p of the Civil Code provides:

"Whenever a petition is filed for the adoption of a child who has been relinquished to the licensed county adoption agency by his parents, the county adoption agency may, at the time of filing a favorable report in the superior court, require the persons petitioning to become the adoptive parents to pay to the county agency, as agent of the State, a fee of three hundred dollars (\$300). In those counties maintaining a licensed county adoption agency the fee set forth in this section shall be increased one hundred dollars (\$100) for the purpose of providing for the expense of prenatal care, delivery and postnatal care of expectant unmarried mothers pursuant to Section 1642 of the Welfare and Institutions Code. The county adoption agency may defer, waive or reduce the fee when its payment would cause economic hardship to the adoptive parents detrimental to the welfare of the adopted child. Whenever the total fee is reduced to three hundred dollars (\$300) or less no part of the fee paid shall be deposited in the Special Deposit Fund.

"Nothing in this section shall be construed to require the payment of such fee to a county in the case of an adoption resulting from the independent placement of a child."

Section 1642.5 of the W&I Code provides:

"At least once each month the county shall remit to the State Department of Social Welfare that part of the fees collected pursuant to Section 225p of the Civil Code which has been collected for the purpose of providing for the expense of prenatal care, delivery and postnatal care of expectant unmarried mothers under Section 1642 of this code. The State Department of Social Welfare shall deposit such remittances to the Special Deposit Fund in the State Treasury."

See F-850-A for method of reporting fees.

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CALIFORNIA-SDSW-MANUAL-FISCAL Revision 519 replaces Revision 440 Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-1010 PAYMENT OF MEDICAL CARE

F-1010

A. AUTHORIZATION OF PAYMENTS

Action by the county board of supervisors or its delegated agent will constitute authorization for payment to vendors for medical services available from the Medical Care Trust Fund.

Although W&IC Sec. 4551 provides that authorization of the board of supervisors awarding public assistance shall be considered authorization for medical services, it is not interpreted to include authorization for payment but only the recipients eligibility to receive such services.

Authorization to pay medical services is interpreted to be controlled by Sec. 27006 of the Government Code.

B. PAYMENT OF VENDOR CLAIMS

The county shall establish as an objective the payment of vendor claims within 30 days of their receipt.

Such claims shall not be paid unless received by the county or contracting agent within the time limit specified by Sec. MC-052.05 of the Medical Care Manual.

Claims shall be paid by county warrant except for services covered by contract with an outside firm or agency.

(W&IC 114, 115, 116, 1560, 2140, 3060, 3075, 4551, 4554)

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These Regulations are designated to become effective November 1, 1958.

FACE SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

OCT 30 1958

Division of Administrative Procedure

ENDORSEDAPPROVED FOR FILING
(GOV. CODE 11380.1)

OCT 30 1958

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

Dated: October 30, 1958
(Agency)By: *George R. Wyman*

Director

(Title)

FILEDIn the office of the Secretary of State
of the State of California

OCT 30 1958

At 3:45 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]*
Assistant Secretary of State

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MC-031.1 SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR AUTHORIZATION MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions and prescribed drugs, required for the relief of pain, or the elimination of acute infection.
- C. Drugs, as prescribed by practitioners except alcoholic beverages, food supplements and nutritional and vitamin items. Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

Medical supplies, if prescribed by a practitioner, and listed in the schedule of Maximum Allowances.

- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations to a maximum of five visits for any one illness.
- H. Chiropody services of an emergency nature, including the prescribing of drugs for relief of pain or elimination of acute infection. Such emergency care to be justified by written report from the treating chiropodist.
- I. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.

These Regulations are designated to become effective December 1, 1958

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-031.2 SERVICES AVAILABLE TO ALL RECIPIENTS WITH PRIOR
AUTHORIZATION

MC-031.2

- A. Home and/or office visits from or to practitioners (other than dentists and chiropodists) in excess of three such visits for any other illness or beyond the 90th day from the first visit.
- B. Any service rendered by chiropodists.
- C. Special medical supplies not listed in the schedule of maximum allowances, but required as a part of a specific treatment plan.
- D. Elective laboratory services other than urinalysis and blood counts.
- E. Elective radiological services.
- F. (Item repealed December 1, 1958.)
- G. Services of private nurses or services of visiting nurse associations in excess of five visits for any one illness.
- H. Dental care for children under 13 years of age as necessary to prevent tooth loss.
- I. Complete histories and physical examinations by physicians.
- J. Services of physical therapists as prescribed by physicians.
- K. Services of rehabilitation centers meeting the standards of the Bureau of Vocational Rehabilitation.

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These Regulations are designated to become effective December 1, 1958

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations SCHEDULE OF MAXIMUM ALLOWANCES MC-040.1

MC-040 SCHEDULE OF MAXIMUM ALLOWANCES MC-040

The following allowances constitute the maximum payment that may be made for the specified service or procedure. No additional charge to the recipient will be permitted.

No payment will be made for any procedure performed in a hospital for other than outpatient services, such as diagnostic laboratory or X-ray services, physical therapy, or procedures performed on an emergency outpatient basis.

No payment will be made for elective office surgery. Elective, or optional office surgery is any surgical procedure which can be deferred as it is neither life extending nor life saving. Diagnostic surgery requiring biopsy is not considered elective.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

No payment will be made for the treatment of mental illness or for radium or X-ray therapy.

Under the Aid to Needy Children program payment will be made for the treatment of tuberculosis, venereal disease, and for prenatal care. Payment for these conditions will not be made for recipients of Old Age Security and Aid to the Blind.

No payment will be made for rehabilitative services at a rehabilitation facility unless the practitioner submits a complete plan for rehabilitation in advance of referral.

This schedule includes most procedures contemplated as necessary and normally performed in any locality on an outpatient basis. However, other procedures may be included if they are determined to be in accordance with local community practice.

No payment may be made for any service or care rendered to patients admitted to and registered in a hospital and in a facility, such as an adjunct nursing home, operated as a part of such hospital.

MC-040.1 MEDICAL SERVICES MC-040.1

VISITS AND EXAMINATIONS	Maximum Charge	VISITS AND EXAMINATIONS (Continued)	Maximum Charge
004 Home visit, requested and made between 11 p.m. and 8 a.m. (\$3 each additional member of household, maximum total any one visit \$16)-----	\$10.00	011 Office visit, not of routine nature, requiring history and examination to determine diagnosis and treatment. This includes physical examinations for children prior to foster home placement and general physical examinations for adults on whom no recent record of health condition is available-----	\$8.00
006 Routine office visit-----	4.00	030 Home visit necessitating professional care over and above routine home visit-----	10.00
007 Routine visits to private abodes, private institutions, nursing homes, boarding homes (\$3 for each additional person visited)-----	6.00	031 Home visit necessitating professional care over and above routine home visit, 11 p.m. to 8 a.m.-----	12.00
008 Mileage per mile, one way, beyond radius of 10 miles office or home-----	.80	032 Prolonged detention with patient in critical condition, per hour-----	16.00
		034 Office visit necessitating resurvey of patient as a whole-----	8.00

CALIFORNIA-SDSW-MANUAL-MC Rev. 102 replaces Rev. 98 Effective 12/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-040.1

SCHEDULE OF MAXIMUM ALLOWANCES

Regulations

MC-040.1 (Continued)

MC-040.1

Pro. No.	Procedure	Maximum Charge	Pro. No.	Procedure	Maximum Charge
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SPECIAL MEDICAL PROCEDURES

The following items are included in the schedule to be used in cases which appear to be of a serious or complicated nature requiring additional time and special study.

Written reports shall be furnished upon request to validate the performance of the described services which involve more care than can be provided by the ordinary office or home visit.

All of the following require prior authorization except in an emergency.

026 Consultation on referral for given system not requiring complete examination - office or home - with copy of report to county welfare department-----

\$12.00

027 Consultation on referral requiring complete examination - office or home - with copy of report to county welfare department-----

28.00

028 Complete history and physical examination - office or home - with report-----

20.00

ALLERGY TESTING (Continued)

Where two or more allergic diseases are present only one fee will be allowed, that fee to be that of the disease with the highest unit value.

Unit Fee by Type and Number of Tests Performed. (This includes the observation of the tests.)

102 Scratch or puncture tests, per 10 tests
Minimum--\$4-----

\$ 4.00

103 Intradermal tests, per 10 tests
Minimum--\$4-----

6.00

104 Patch tests, per one test
Minimum--\$4-----

.80

105 Direct ophthalmic tests, per one test
Minimum--\$4-----

1.60

106 Direct nasal test, per one test
Minimum--\$4-----

1.60

107 Passive transfer tests, per 10 tests
Minimum--\$4-----

12.00

111 Allergic Rhinitis--seasonal-----

28.00

151 Conjunctivitis--seasonal-----

28.00

ALLERGY

History and Physical Examination covered by 011-028.
Laboratory and X-rays covered by Pathology and Radiology Schedule.

ALLERGY TESTING

Allergy tests as an aid in the diagnosis of disease if read and interpreted by a physician. All allergy testing requires prior authorization.

The fee to be based on the type of test as well as the number performed, but with a maximum fee allowable for each disease.

MC-040.2 SURGERY

MC-040.2

Listed procedures indicated by an asterisk: Fee for Surgery only. Follow-up care--charge per visit. See Schedule for Visits and Examinations.

All other services include two weeks' postoperative care.

In multiple surgical procedures, in remote operative fields and separate incisions, an additional 50 percent of the minor fee will be paid.

Two physicians may not be paid for attendance on the same case at the same time except where it is warranted by the necessity of supplementary skills.

Necessary drugs and materials provided by the physician may be charged for separately.

Values for X-ray and laboratory procedures are listed elsewhere in this schedule.

No payment will be made for cosmetic surgery.

No payment will be made for elective surgery.

INTEGUMENTARY SYSTEM

Skin and Subcutaneous Areolar Tissue

Incision

*0101 Drainage of infected steatoma-----

\$ 4.00

*0102 Drainage of furuncle-----

4.00

Skin and Subcutaneous Areolar Tissue (continued)

*0108 Drainage of carbuncle-----

\$ 4.00

*0114 Drainage of subcutaneous abscess (where not specified elsewhere)-----

4.00

*0115 Drainage of pilonidal cyst-----

4.00

CALIFORNIA-SDSW-MANUAL-MC

Rev. 103 replaces Rev. 29

Effective 12/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

MC-046

SCHEDULE OF MAXIMUM ALLOWANCES, DRUGS AND MEDICAL SUPPLIES

MC-046

The maximum allowances for drugs and medical supplies shall not exceed the lesser of the usual retail selling price or the following amounts:

1. Drugs which may not be dispensed by the druggist under federal or state laws except upon prescription by a physician, dentist or chiropractist:
 - a. The wholesale price of the drug may be increased by an amount not to exceed 50 percent, plus
 - b. A single prescription fee of \$1.15 is allowed for each prescription.
2. Drugs which may be dispensed by the druggist under federal or state laws without a prescription:
 - a. Fair trade items - the maximum payment to be made is the fair trade price.
 - b. Items not classified as fair trade - The wholesale price may be increased by an amount not to exceed 50 percent.
3. Medical Supplies:
 - a. Fair trade items - The maximum payment to be made is the fair trade price.
 - b. Items not classified as fair trade - The maximum is regular retail price less 10 percent.

The pharmacist shall dispense the lowest cost item he has in stock meeting the requirements of the practitioner as shown on the prescription form. Substitutions of name brand items will not be made.

All prescriptions for narcotics shall be accompanied by the required federal prescription form.

Prescriptions must be filled within seven days from the date of issue and are not refillable.

(Continued)

These Regulations are designated to become effective December 1, 1958.

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

MC-053

PROCEDURAL REQUIREMENTS

Regulations

MC-053 COUNTIES (AND FISCAL AGENTS INsofar AS APPLICABLE)

MC-053

Each county shall have available to it a full- or part-time medical consultant (M.D. or D.O.) who, under the direction of the county welfare director, shall authorize, or recommend authorization of, the services listed in Section MC-031.2.

For the authorization of complete dental care to children the county shall avail itself of dental consultation.

Counties in whose behalf the SDSW has executed an agreement with a fiscal agent shall supply the fiscal agent with such information as the SDSW finds necessary for the fiscal agent to render the services specified in the agreement.

Statements received from vendors shall be audited to determine:

- A. That recipient was eligible at time of service
- B. That statement was fully completed
- C. That authorization, if necessary, was obtained
- D. That charges for service are within the maxima permitted under Chapter MC-04.

The following, if found proper for payment, shall be paid solely from the Medical Care Trust Fund:

1. Statements from pharmacists
2. Statements for services rendered recipients of ANC.

With respect to statements for services (other than by pharmacists) rendered to recipients of OAS, ANB or APSB a determination shall be made if the amount of the statement can be allowed as a special need; if so, a money payment authorization shall be processed. The supplemental aid warrant shall be accompanied by a transmittal form prescribed by the SDSW, a copy of which transmittal shall be sent to the vendor.

If the full amount of the statement can not be paid from the cash award to the recipient, payment shall be made in the full amount to the vendor from the Medical Care Trust Fund.

Payment for medical or remedial services or supplies shall be made within 30 days from the date of receipt of statement.

Payments to vendors shall be accompanied by a copy of the vendor's statement or a transmittal form which identifies the patient(s), the amounts paid on behalf of each patient and the month in which service was rendered.

The county shall maintain a system of records which enables it to easily determine the total cost of medical care rendered a particular recipient and which makes available to the caseworker such information as is necessary for casework services. The county shall use forms specified by SDSW or substitute form or procedure approved by SDSW.

CALIFORNIA-SDSW-MANUAL-MC

Revision 104 replaces Revision 83

Effective 12/1/58

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

PROCEDURAL REQUIREMENTS

MC-053.50

MC-053.50 COUNTY PLANS - ALTERNATE TO PRIOR AUTHORIZATION

MC-053.50

The provision of prior authorization for payment of medical services specified by Section MC-031.2 is applicable to each practitioner group except in those counties which meet the following conditions:

1. The county has received approval of the SDSW for a plan which provides for a substitute procedure, and
2. Such county plan provides:
 - a. A local medical consultant to act as liaison with the local or district medical society or branch thereof.
 - b. A local or regional Review Committee from each practitioner group for whom prior authorization has been eliminated.
 - c. An Advisory Committee from each medical society for whom prior authorization is to be eliminated.
 - d. An Advisory Committee from other practitioner groups whenever practicable.
 - e. Provision for a staff which has continuous responsibility for medical audit. Medical audit services of CPS meet this requirement.
 - f. A system of record keeping related to services received by each individual recipient.
 - g. Maintenance of such additional vendor records as required by SDSW.
 - h. Maintenance of statistics and reports as required by SDSW.
 - i. A concise statement describing the county plans for use of its consultants and the practitioner review committees, the audit procedures and the record keeping system.

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CALIFORNIA-SDSW-MANUAL-MC

Issue No. 05-32

Effective 11/1/58

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations DETERMINATION OF NEED D-202

D-201 DETERMINATION OF NEED - GENERAL D-201

The allowable need of an applicant or recipient is the money amount necessary to provide those items of support set forth in the subsequent sections of this chapter as allowable basic need and allowable special needs.

The county is responsible for reviewing needs with the applicant or recipient as often as necessary and at least once yearly and for identifying any allowable needs he may have under the Standard of Assistance. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

If the applicant or recipient has income from any source, the income is deducted from the sum of his allowable needs (which may not exceed \$106) in order to arrive at the grant.

For purposes of ATD, the maximum allowable board and care rate is \$90. In this connection, county supplementation, in excess of \$90 but not to exceed \$255, paid to a nursing home, board and care home, or institution to apply on the cost of care is permitted. Such supplementation from county funds is not considered income.

D-202 ALLOWABLE BASIC NEED COMMON TO ALL RECIPIENTS D-202

Items of basic need considered to be common to all recipients, institutional and noninstitutional, are allowed in the following flat amounts unless otherwise specified:

ATD - Table of Basic Allowances

	A. Noninstitutional (Living alone or sharing a household)	B. Institutional (Board and Care Basis)
Food	\$29.00	\$29.00)
Housing and Utilities "as paid" to maximum of \$30.00	*	) 30.00) \$62.00
Household Operation	3.00	3.00)
Individual Items		
Incidentals) \$5.00)		
Recreation))		5.00)
Clothing 8.00)	16.00	8.00) 16.00 (1)
Personal Service 3.00)		)
		3.00)
Total	\$48.00	\$78.00
	*The basic allowance is con- sidered to be \$48.00 plus cost of housing and utilities for noninstitutional cases	

(1) The recipient living in an institution may have clothing furnished, and may not need the entire clothing allowance. See Sec. D-201.20 for budgeting procedure.

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-202.20 HOUSING AND UTILITIES

D-202.20

The amount paid for housing and utilities is allowed, up to the maximum in the Table of Basic Allowances. If the person shares a household, his pro-rated share of the housing and utility costs is allowed up to the maximum.

If the home occupied by the recipient is owned or being purchased, taxes, assessments, insurance, upkeep and repairs and interest and principal on any encumbrance are pro-rated over a one year period and are allowed up to the maximum in the Table of Basic Allowances.

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These Regulations are designated to become effective December 1, 1958

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

D-202.30 UTILITIES

D-202.30

(Repealed)

Department Bulletin No. 571
 (Repealed)

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This Regulation is designated to be repealed effective December 1, 1958

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-221 AMOUNT OF AID PAYMENT

D-221

Aid is to be paid monthly, subject to the limitations of W&IC 4020, in the nearest whole dollar amount not to exceed \$106 determined by subtracting the recipient's current net income received in the month (as determined in accord with Chapter D-21) from his allowable needs for the month (as specified in Chapter D-20).

Payment is to be authorized, changed, suspended, denied or discontinued by use of Form DA 278 or an approved substitute. (See Sec. D-025, Form DA 278.)

In determining the amount of the aid payment for a particular month, all income and those allowable needs which existed and were reported before the end of that month are considered. Exceptions: 1) when the change could not have been known or reported before the end of the month because it occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month. 2) When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.

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These Regulations are designated to become effective December 1, 1958

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The regulation contained in Manual Section MC-053.50 is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421 (b) of the Government Code.

The following facts constitute the emergency with respect to this regulation:

1. Under the regulations presently in effect certain medical services and procedures may be accomplished within the limits of the Medical Care Program only if prior authorization is obtained.
2. The requirement that prior authorization be obtained has in many cases caused delays detrimental to the public health, safety and welfare in the rendition of necessary medical services.
3. More than one-half million persons are potentially entitled to medical services under the Medical Care Program and subject to the potential delays in obtaining these necessary services.
4. Many members of the professions engaged in the healing arts who render services under the Medical Care Program are deeply concerned about the delays caused as above described.
5. In view of this large number of persons any steps taken to insure the prompt medical attention contemplated by this regulation should in turn be promptly taken.
6. The immediate preservation of public health, safety and general welfare therefore requires the adoption of Section MC-053.50 as an emergency measure.

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

DEC 1 - 1958

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.2)

DEC 1 - 1958

Division of Administrative Procedure
DO NOT WRITE IN THIS SPACECopy below is hereby certified to be a true and
correct copy of regulations adopted, or
amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: November 26, 1958

By:

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

DEC 1 1958

At 10:45 o'clock a.m.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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A-202 BASIC NEEDS COMMON TO ALL RECIPIENTS

A-202

The following basic items of need are considered to be common to all recipients and to be provided by the maximum OAS grant in the amounts and to the extent specified:

Food	\$28.50 - For food in the normal amount and of a kind necessary to maintain health and vigor.
Housing and Utilities	21.30 - For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration, and heat needed to maintain health and comfort.
Household Maintenance	4.50 - For ordinary upkeep and occasional replacement of small items of household equipment and supplies.
Clothing	8.70 - For adequate, healthful clothing.
Transportation	6.00 - For transportation for social and ordinary shopping purposes.
Incidentals	13.50 - For hair care, personal toilet articles, dry cleaning, tobacco, etc.
Education and Recreation	3.50 - For participation in community activities, adult education courses, hobbies, crafts, reading materials, movies, stationery, postage, etc.
Medicine Chest Supplies	4.00 - For such medicine chest supplies as cotton, gauze, bandages, aspirin, rubbing alcohol, mineral oil, vaseline, and other over-the-counter items for which no prescription is required and which are ordinarily sought at the recipient's own initiative.

TOTAL

\$90.00

JAN 1 '59

These Regulations are designated to become effective.....

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-204.11 SPECIAL NEED FOR BOARD AND PERSONAL CARE

A-204.11

When a recipient is in an aged boarding home and receives some personal care (but not nursing care), the amount charged for support and care, not to exceed \$150 monthly, is allowed in lieu of any basic allowances for food, housing, utilities and household maintenance, and to cover the cost of personal care. In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation and household remedies, a flat amount of \$36 is allowed. Medical needs and special needs for transportation are also allowed under the conditions specified in Secs. A-204.17, A-205 and A-206.

When the cost of board and personal care exceeds \$150 a month the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum, only the maximum is allowed. Exception: On the determination that adequate care cannot be secured within the ceiling, an additional allowance may be made.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF NEED

A-206.3

A-206.3 SPECIAL NEED FOR NURSING CARE

A-206.3

When a recipient is in an aged boarding home or a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of any basic allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

- A. For those recipients who require some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is \$200.
- B. For those recipients who require extensive nursing care and supervision, the maximum allowance is \$255.

In lieu of the basic allowances for clothing, incidentals, transportation, education, recreation, and household remedies, a flat amount of \$36 is allowed. Medical needs and transportation are allowed under the conditions specified in Secs. A-204.17, A-205 and A-206.

If a private room is recommended, the cost, not to exceed \$50 monthly, is added to the maxima specified in A and B above.

When the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at a rate exceeding the maximum only the maximum is allowed. Exception: When there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, but not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Department Bulletin No. 566 (OAS) Increase in Statutory Maximum OAS Grant
Effective October 1, 1958 is repealed.

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These Regulations are designated to become effective JAN. 1, 1959

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The Department Bulletin requiring weekly wire reports on General Relief and Aid to Needy Children, contained in the agenda is an urgency measure necessary for the immediate preservation of public peace, health and safety or general welfare within the meaning of Section 11421(b) of the Government Code.

The two public assistance programs covered by this bulletin are subject to sharp seasonal fluctuations increasing with the onset of the fall and winter months and decreasing in the spring. The 1957-58 winter season brought an unusual increase in public assistance caseloads concurrent with a decline in economic prosperity. The present indications are that the economic situation is more hopeful but seasonal unemployment with the end of the harvest season must be expected.

In order to detect at the earliest possible moment any favorable or unfavorable effects of economic changes on public assistance caseloads, it is essential that a close check be made at weekly intervals to have certain data in advance of routine reporting.

It is therefore necessary for the provisions of this bulletin to go into effect immediately upon filing with the Secretary of State.

DO NOT WRITE IN THIS SPACE

GEORGE K. WYMAN
DirectorGOODWIN J. KNIGHT
GovernorSTATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE722 CAPITOL AVENUE
SACRAMENTO 14
November 25, 1958

DEPARTMENT BULLETIN NO. 572 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORSSubject: Weekly Wire Report on General Home
Relief and Aid to Needy Children
During Winter Months

In order to provide more current information on the impact of economic conditions in General Relief and Aid to Needy Children, weekly telegraphic reports on these programs will be required from December 1, 1958, through April 30, 1959, in accord with "Instructions for Weekly Wire Report on General Relief and Aid to Needy Children."

This report shall be made on each Friday for the week ending on the preceding Thursday and shall consist of the following:

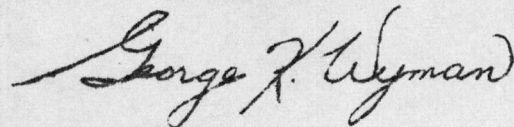
1. A count of requests for aid received in the General Relief program.
2. Applications and written requests for restoration received in the Aid to Needy Children program (family groups only).

The required data as outlined above shall be transmitted by telegraph or teletype on each Friday. The first report shall cover the full week ending on Thursday, December 4, 1958.

The Weekly Wire Report is to be sent to the Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento.

While it is anticipated that the need for this report will terminate on April 30, 1959, economic conditions may necessitate continuance beyond that date. Counties will be notified if continuance after April 30, is required.

Very truly yours,

George K. Wyman
Director

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTRUCTIONS FOR WEEKLY WIRE REPORT ON
GENERAL RELIEF AND AID TO NEEDY CHILDREN

On Friday of each week, teletype or telegraph the following data to the Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento. (The first report will cover the week of November 28 through December 4, 1958, and will be due on Friday, December 5, 1958.):

- A. General Relief - The total number of requests for aid in the General Relief program received during the week ending on Thursday. A request for aid is any action by which an individual indicates to a county welfare department his need for assistance. The request may be made orally or in writing, and may be made in person or through another individual authorized to act in his behalf.

Count as a request every time an individual comes in to ask for aid, regardless of:

1. The number of times he has previously made a request in the month.
2. Whether the agency considers his case open or not; active or closed.
3. Whether or not, under the county's policy, he would be eligible for surplus commodities only.
4. Whether he is asking aid for himself only or for a group.

This is a count of requests; not of cases nor of persons. No attempt is being made to avoid duplication of person or case counts.

This count makes no allowances for differences in county practices, e.g., some counties require a recipient to come into the office each time aid is given, while others will automatically issue further aid to an approved case without requiring additional requests. These differences in practice are of minor importance since interest in obtaining this count centers on trend. The differences become important only if, from one report period to another, a county's policy should undergo radical change.

- B. Aid to Needy Children - Family Groups - The total number of applications and written requests for restoration signed in the Aid to Needy Children (Family Group) program during the week. This is the counterpart of Item 7 (Column 1 plus Column 2) of Form CA 237-FG.

* * *

In transmitting the required information, preface each item reported with the report identification and program symbol. For example, a typical report would appear as follows:

"Weekly GR 2,100, ANC 1,500"

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

GEORGE K. WYMAN
Director

GOODWIN J. KNIGHT
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

722 CAPITOL AVENUE
SACRAMENTO 14
November 26, 1958

DEPARTMENT BULLETIN NO. 573 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Quarterly Statistical Report
on Unpaid Medical Care
Statements on Hand.

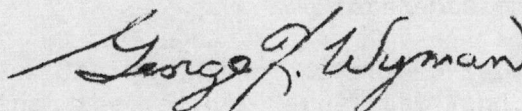
The State Department of Social Welfare must keep informed as fully as possible on obligations against the Medical Care Trust Fund.

To provide the information necessary to estimate obligations under the Medical Care program, a statistical report on unpaid medical, dental and drug statements at the end of the last month of each calendar quarter shall be submitted by all counties. This report shall be completed in accordance with "Instructions for Quarterly Statistical Report on Unpaid Medical Care Statements on Hand." (Reporting by program is necessary because the trust fund has separate accounts by program.)

Counties having contracts with California Physicians' Service shall submit a statistical report on those Medical Care services for which they receive and process bills under the state Medical Care program; i.e., Medical Care provided by chiropractors, spiritual healers, and public clinics. California Physicians' Service will provide the State Department of Social Welfare with statistical reports on vendor services included in their contracts for each county.

Each quarterly report shall be due by the 12th day of the month following the quarters ending March, June, September and December. The next report shall be for the quarter ending December 1958 and shall be sent to the Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, by January 12, 1959.

Very truly yours,



George K. Wyman
Director

Attachments

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

INSTRUCTIONS FOR QUARTERLY STATISTICAL REPORT ON
MEDICAL CARE, UNPAID MEDICAL STATEMENTS ON HAND

This report will enable the Department of Social Welfare to estimate obligations incurred against the Medical Care Trust Fund. Information available from other sources will also be used in arriving at these estimates.

The report covers unpaid medical, dental and drug bills on hand at the end of each calendar quarter for recipients of OAS, ANB, APSB, ANC-FG and ANC-BHI.

Counties having contracts with California Physicians' Service shall submit a statistical report on those Medical Care services for which they receive and process bills under the state Medical Care program; i.e., medical care provided by chiropractors, spiritual healers, and public clinics. California Physicians' Service will provide the State Department of Social Welfare with statistical reports on vendor services included in their contracts for each county.

Total amount of money represented by the medical statements on hand at the end of each quarter is requested since average amount per statement cannot be derived from amounts paid during the month as reported on Form 260. Average amounts paid for dental statements and prescriptions can be derived from information reported on Form 260.

When and Where to Report:

These reports shall be sent to the Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, California, by the 12th day of the month following the close of the quarters ending March, June, September and December.

Column Definitions:

This report is divided into three parts; e.g., medical, dental and prescriptions.

Column 1. Number - Enter the number of Forms MC 16 and 163, Medical Care Statement, unpaid at the end of the quarter.

Column 2. Total Amount - Enter the total charge represented by the medical care statements entered in Column 1.

Column 3. Dental - Enter the number of Forms MC 162, Dental Care Statement, unpaid at the end of the quarter.

Column 4. Prescriptions - Enter the number of Forms MC 165, Medical Care Prescription, unpaid at the end of the quarter.

The count of medical and dental statements and prescriptions is to be reported separately for the five types of categorical aid.

Item Entries:

Items 1-5 - Enter the number of vendor statements for medical and dental care and for drugs provided to recipients, according to the type of aid received, that were unpaid at the end of the quarter. For medical care statements enter in Column 2 the total money represented by the medical statements.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

UNPAID MEDICAL CARE STATEMENTS ON HAND

End of Quarter

Report for Quarter Ending

_____, 19____

County _____

TYPE OF AID	MEDICAL STATEMENTS (Forms MC 16, 163)		DENTAL STATEMENTS (Form MC 162)	PRESCRIPTIONS (Form MC 165)
	Number (1)	Total Amount (2)	Number (3)	Number (4)
Total	_____	\$ _____	_____	_____
a. Old Age Security	_____	\$ _____	_____	_____
b. Aid to Needy Blind	_____	\$ _____	_____	_____
c. Aid to Partially Self-supporting Blind	_____	\$ _____	_____	_____
d. Aid to Needy Children - Family Groups	_____	\$ _____	_____	_____
e. Aid to Needy Children - Boarding Homes & Institutions	_____	_____	_____	_____

DO NOT WRITE IN THIS SPACE

Report prepared by _____

Date _____